

Name
in
Full

Philip C. Anderson

(36)

CERTIFICATE OF DEATH

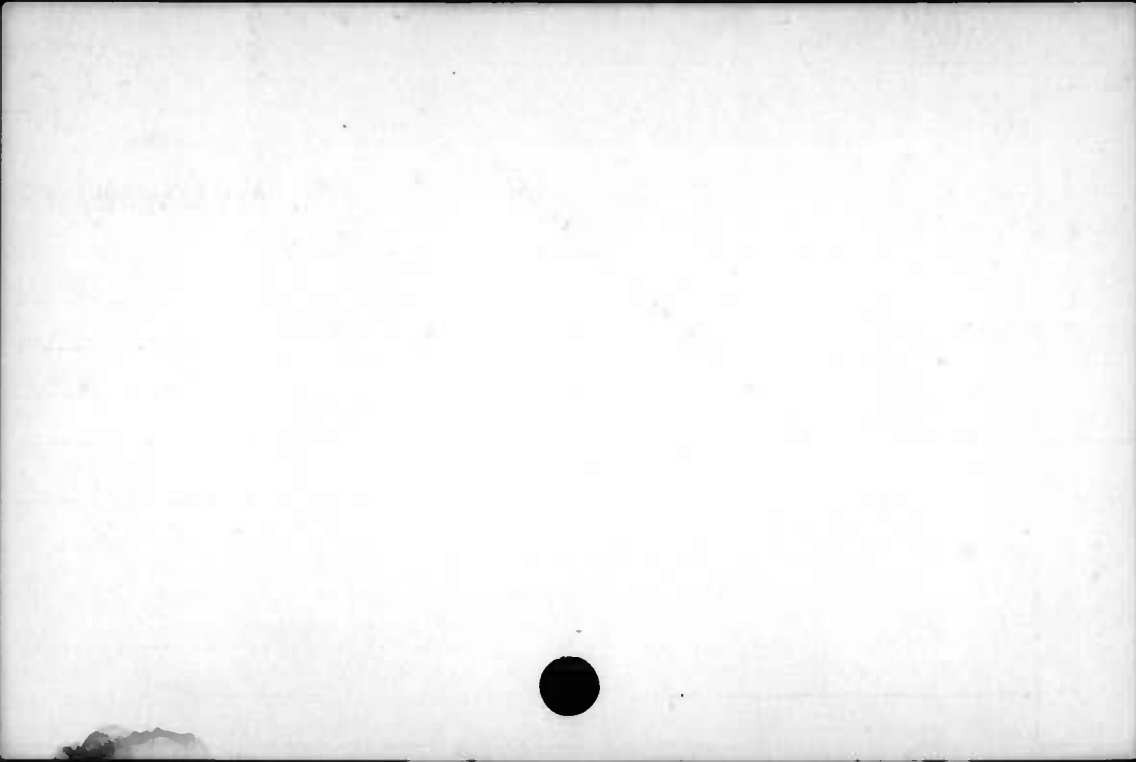
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bradshaw		County Balto		MARYLAND	
Date of death 1903	Month February	Day 25	Age 15	Years 15	Months ✓	Days ✓	
Sex male	Color or Race colored-			Birth- place Balto Co Ind-			
Married, Single or Widowed			Occupation Tailor				
Name of Wife or Husband							
Father's Name Wm Anderson				Father's Birthplace Balto Co Ind-			
Mother's Maiden Name Lenna Robinson				Mother's Birthplace Balto Co Ind-			
Name of person giving In formation Harry Schuty				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	few weeks
Immediate	Consumption	How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician none	
yes Harry Schuty		Address Upper Falls Ind	
Accident or Suicide?			



Name
in
Full

Catherine Amacast

CERTIFICATE OF DEATH

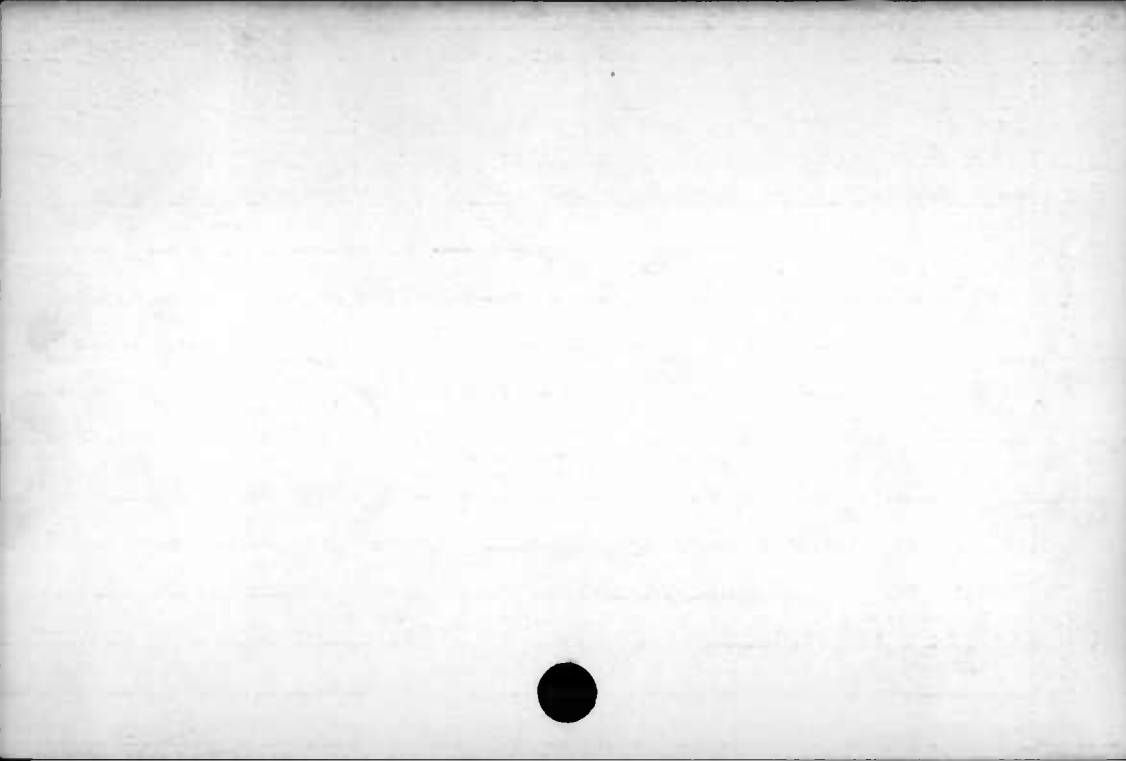
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Feb</i> ^{Day}	<i>10</i> ^{Years}	Age <i>80</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll, co, Md</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Catherine Leister</i>					
Father's Name <i>Abraham Leister</i>		Father's Birthplace <i>Carroll co Md</i>			
Mother's Maiden Name <i>Catherine Mirely</i>		Mother's Birthplace <i>Carroll co Md</i>			
Name of person giving information <i>Catherine Herwig</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 yrs.</i>
Immediate <i>Dropsey</i>	How long <i>Two mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Seade</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	<i>md</i>



Edgar Beecraft

Town

County

Died at

Mt Washington

Balt.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

14

Age

4

3

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Bertha Beecraft

Cause of

Primary

Broncho Pneumonia

How long sick

One week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. H. Beestem ⁹² Md.

Address

Mt Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

at Oakland

Carrall & Co

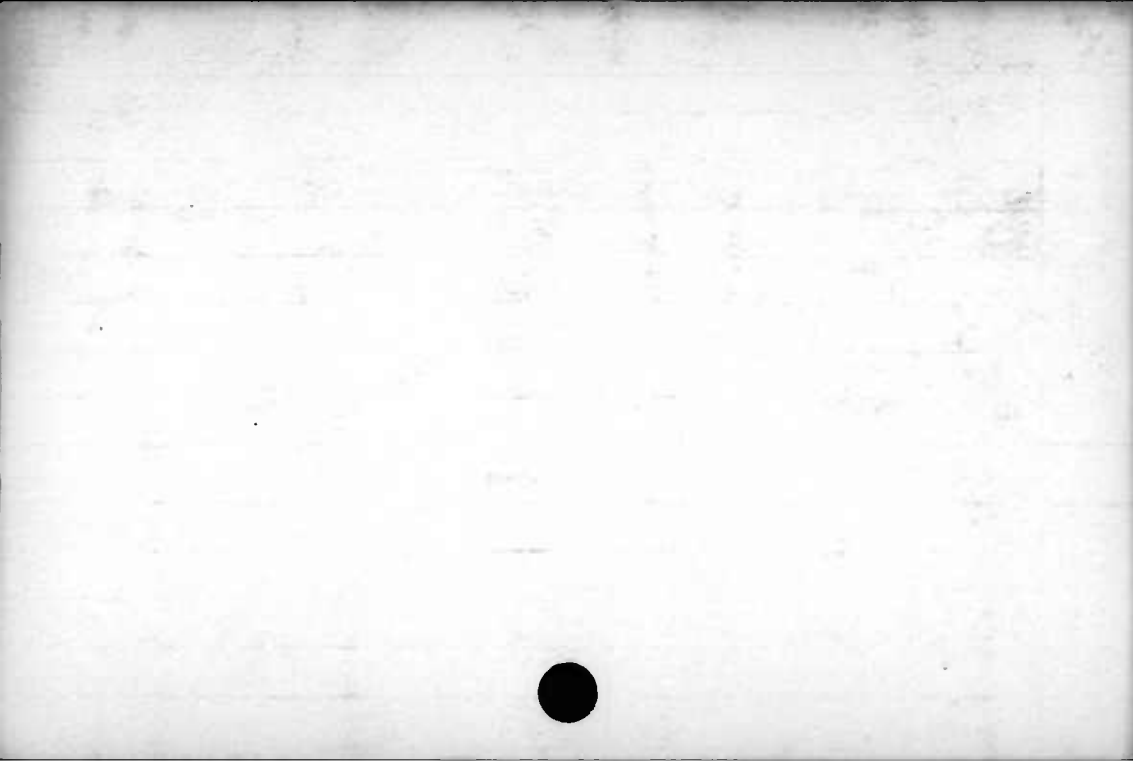
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town <u>Baltimore</u>		County <u>Balto</u>		STATE <u>MARYLAND</u>	
Date of death 190 <u>3</u>		Month <u>Feb</u>	Day <u>23</u>	Age <u>52</u>		Months	Days
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>clerk</u>					
Name of Wife or Husband <u>X</u>							
Father's Name <u>X</u>		Father's Birthplace <u>X</u>					
Mother's Maiden Name <u>X</u>		Mother's Birthplace <u>X</u>					
Name of person giving information <u>X</u>		How related to deceased <u>X</u>					

CAUSES OF DEATH

Primary <u>General Paresis</u>	How long <u>2 years.</u>
Immediate <u>Cerebral Effusion</u>	How long <u>4 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>H. E. Wade</u>
	Address <u>Baltimore</u>
Accident or Suicide? <u>No.</u>	



Charlie Anderson Bass
 Town County

MARYLAND

Died at Towson Balto.
 Month Day Y. M. D. Native of Occupation
 Date 1903 2 17 Age 18 - - us
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single Widower Number of children living

Husband of
 Wife

Father's Name Benjamin Bass Mother's Name Lidney B. Pinner

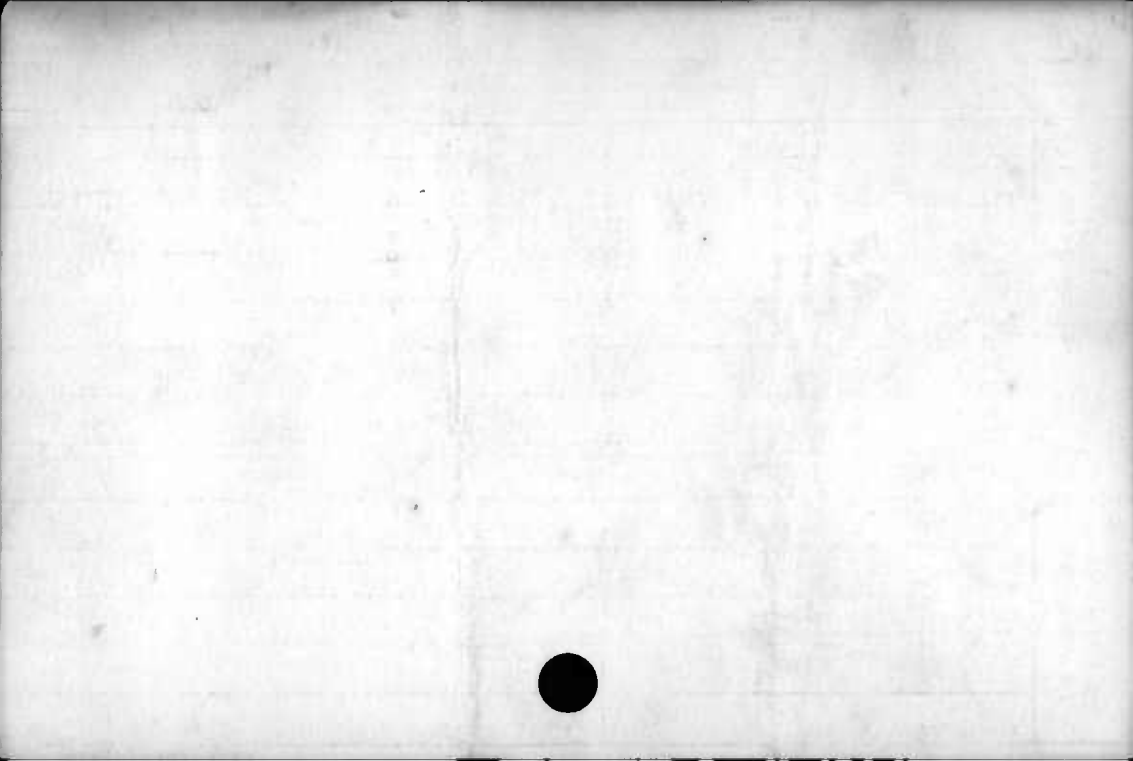
Cause of Death { Primary Convulsions AD How long sick 8 years
 Immediate Cerebral Asthenia ~~Accident, Suicide, Homicide~~

Reported by J. P. Gustin, M.D.
 Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full		James R Buerhaus				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Orangeville</i>		Town <i>Orangeville</i>		County <i>Ba</i>		MARYLAND
	Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>24</i>	Age Years		Months	Days <i>14</i>
	Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Orangeville</i>		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband <i>Francis - A Buerhaus</i>						
	Father's Name <i>Chas B. Buerhaus</i>			Father's Birthplace <i>Maryland</i>			
	Mother's Maiden Name <i>Francis Dunion</i>			Mother's Birthplace <i>MD</i>			
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Convulsions</i>				How long <i>1 day</i>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>E W Lanny MD</i>		
					Address <i>314 Bail St Exd</i>		
Accident or Suicide?							



Elias Blais

Died at ^{Town} Cockeysville ^{County} Balto MARYLAND

Date 1903 Feb 22 Y. M. D. Age 26.5 Native of Mo Occupation Laborer

Male ~~Female~~ Married ~~Single~~ Widower ~~Widow~~ Divorced Number of children living 0

Husband of Lucenia Johnson

Father's Name John Blais Mother's Name Marion Gomer

Cause of Death Primary Wounds of Fetus Immediate Intoxication 72 How long sick 12 days Accident, Suicide, Homicide

Reported by Dr. W. B. Berman

Address Cockeysville Balt Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To buried at
Gaeqhi's Chapel

To. ~~mon~~ ~~now~~ Feb 24.

Name
in
Full

Infant Andrew Ray Boone

CERTIFICATE OF DEATH

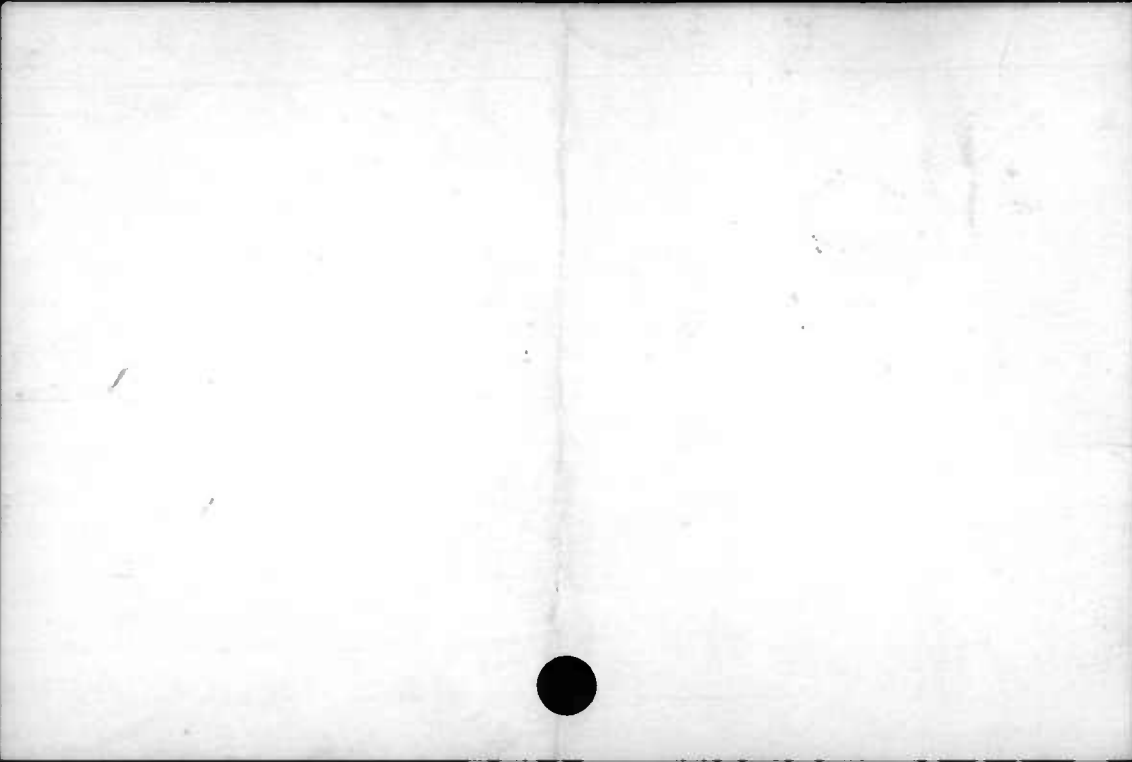
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granite</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>18</i> ^{Day}	Age <i>15</i> ^{Year} <i>Days</i>	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mar Granite</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Boone</i>			Father's Birthplace <i>Hanover Co</i>		
Mother's Maiden Name <i>Francis Schmanske</i>			Mother's Birthplace <i>Balto Co</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Full Heart</i> <i>151</i>	How long <i>1 day</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Offutt M. D.</i>
	Address <i>Granite Ma</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John T Boswell*

Died at *near Stevenson* ^{Town} *Stevenson* ^{County} *Baltimore* **MARYLAND**

Date of death 190 *3* ^{Month} *Feb* ^{Day} *16* ^{Years} *56* ^{Months} *0* ^{Days} *0*

Sex *male* Color or Race *white* Birth-place *M. A.*

Married, Single or Widowed *married* Occupation *Day laborer*

Name of Wife or Husband *Olivia Benson*

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Olivia Boswell* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grippe* ¹⁰ How long *Six days*

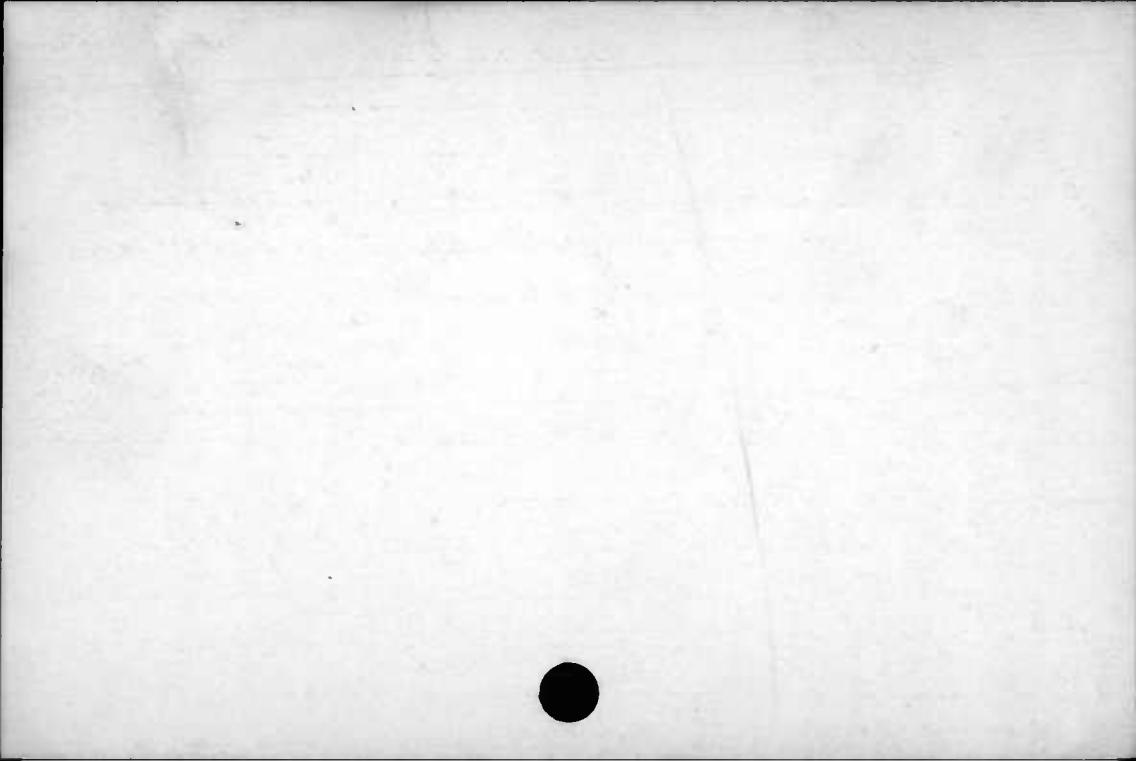
Immediate *Pneumonia* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. M. Glade*

Address *Reisterstown*
Md.

Accident or Suicide? ☐



Name
in
Full

J. Howard Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Leakinsville		Baltimore		MARYLAND			
Date of death 190		3	Feb	25	Age	40	Months	Days	
Sex		Male		Color or Race		white		Birth-place	M.D.C.
Married, Single or Widowed		Single		Occupation		clerk.			
Name of Wife or Husband		John N. Porter							
Father's Name		John N. Porter				Father's Birthplace		D.C.	
Mother's Maiden Name		Fannie Miller				Mother's Birthplace		Md.	
Name of person giving information		John E. Hough Co				How related to deceased		Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Recurrent Momen	68	How long	20 yrs.	
Immediate	Cerebral Abscess		How long	1 week.	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician		W. H. Wade.
			Address		Leakinsville.
Accident or Suicide?		No			



Name in Full

Certificate of Death

Louis A Bowen

Died at ^{Town} on Chesnut Ridge ^{County} Balt. Co MARYLAND

Date 19 03 2 7 Y. M. D. Age 52 Native of Balt Co Occupation Farmer

Male White Married Widow Divorced Number of children living 1

~~Female~~ ~~Colored~~ ~~Single~~ Widower

Husband of Victorine L Bowen

Father's Name Wm Bowen of 6 Mother's Maiden Name Emilia Griffin

Cause of Death { Primary Immediate Cerebritis } How long sick 5 weeks

Accident, Suicide, Homicide

Reported by Dr. J. C. Bussey

Address Afton Md.

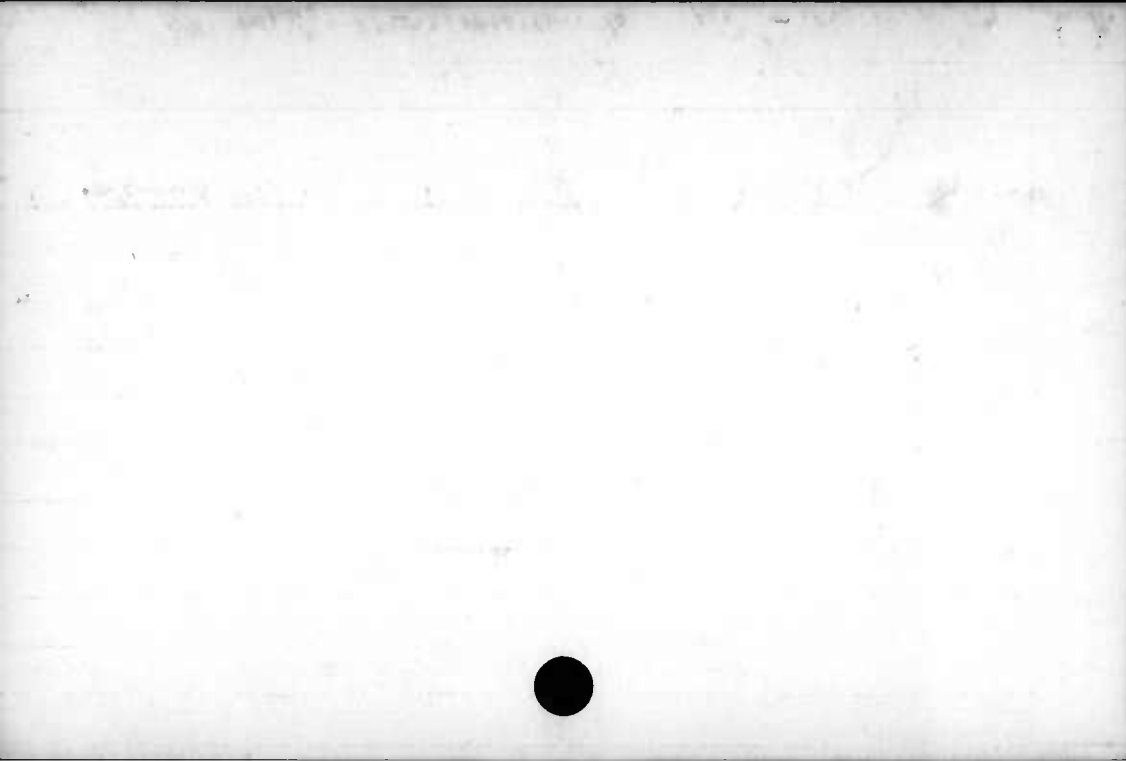
Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Sater - C.L.

Feb 9-13

A. S. Williams Hall
3539 Full Road

Name in Full Clifford Bruce		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Lorton Town		Bachman County
	Date of death 1903		Month 2
	Day 9		Age 28
	Sex Male		Color or Race White
	Married, Single or Widowed		Birthplace Ind
	Occupation Laborer		
	Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name James E. Bruce		Father's Birthplace Ind
	Mother's Maiden Name Mary		Mother's Birthplace Ind
	Name of person giving information Physician		How related to deceased Wife
	CAUSES OF DEATH		
	Primary Tuberculosis		How long 18 mos
Immediate Cardiac failure		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank R. Rich	
Accident or Suicide?		Address Lorton	



Name
in
Full

CERTIFICATE OF DEATH

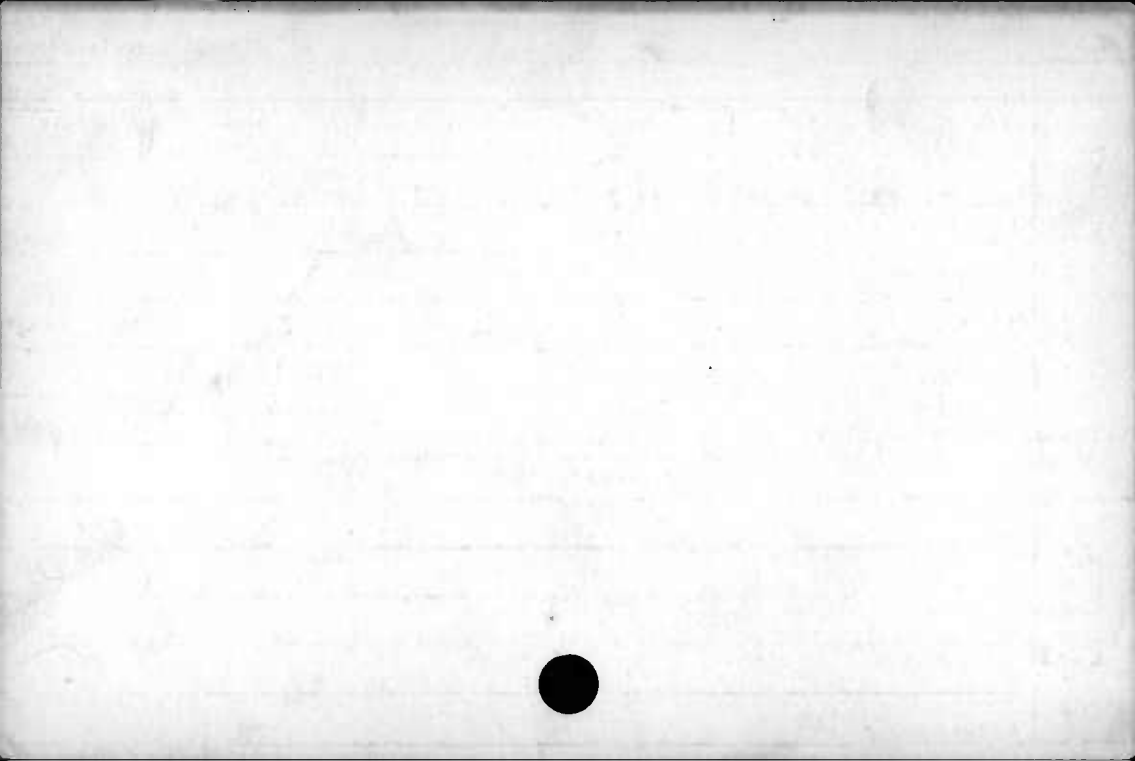
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>annapolis Road</i>		Town <i>Beth</i>		County		MARYLAND	
Date of death 19D <i>3</i>	Month <i>2</i>	Day <i>18</i>	Age <i>18</i>	Years	Months <i>2</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>Cold</i>		Birth- place <i>annapolis Road</i>				
Married, Single or Widowed <i>X</i>			Occupation				
Name of Wife or Husband <i>X</i>							
Father's Name <i>Chas Brooks</i>			Father's Birthplace <i>a, a, Co. Md.</i>				
Mother's Maiden Name <i>Annie Young</i>			Mother's Birthplace <i>Beth</i>				
Name of person giving In formation <i>Annie Young</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>ZB Hall</i>
	Address <i>W. M. M. M. M.</i>
Accident or Suicide? <i>no</i>	



Elizabeth Brown

Town

County

Died at

Blenheim P.O. Balto.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Feb. 24th

Age

73. 5-25-

Native of

Germany

Occupation

housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

2

~~Husband~~ of

Henry Brown Sr.

Wife

Father's

Name

unknown

Mother's

Maiden Name

unknown

Cause of

Primary

Eczema

Death

Immediate

Prostration 145D

How long sick

6 months -

Accident, ~~Stroke~~, Homicide

Reported by

Jno A. Green, M.D.

Address

Bittings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Mary Ethel Brown

CERTIFICATE OF DEATH

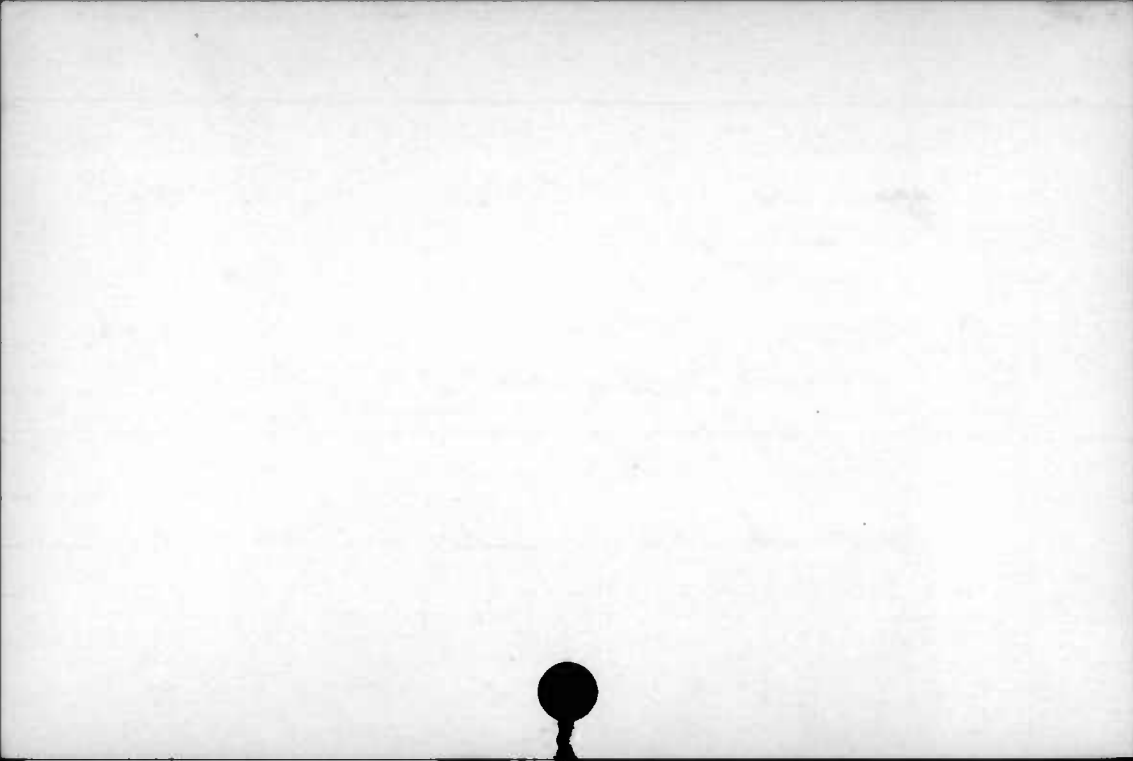
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sweet Air</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Feb.</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>female</i>	Color or Race <i>black</i>		Birth- place <i>Md.</i>				
Married, Single or Widowed <i>single</i>	Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>							
Father's Name <i>George Brown</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Hattie Quickly</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Hattie Quickly</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>3 days</i>
Immediate <i>90</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Green, Jr., D.</i>
	Address <i>Long Green</i>
Accident or Suicide?	



Name
in
Full

Nethie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sweet Air</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Feb.</i>	Day <i>20</i>	Age <i>1</i>	Years	Months <i>10</i>	Days <i>5-</i>
Sex <i>female</i>	Color or Race <i>black</i>		Birth- place <i>Ind.</i>				
Married, Single or Widowed <i>single</i>			Occupation				
Name of Wife or Husband <i>_____</i>							
Father's Name <i>George Brown</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Hattie Quistley</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving In formation <i>Hattie Brown</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>93</i>	How long <i>1 day</i>
Immediate <i>Pneumonia</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Green</i>	
	Address <i>Long Green</i>	
Accident or Suicide?		



Name
in
Full

William Burke

CERTIFICATE OF DEATH

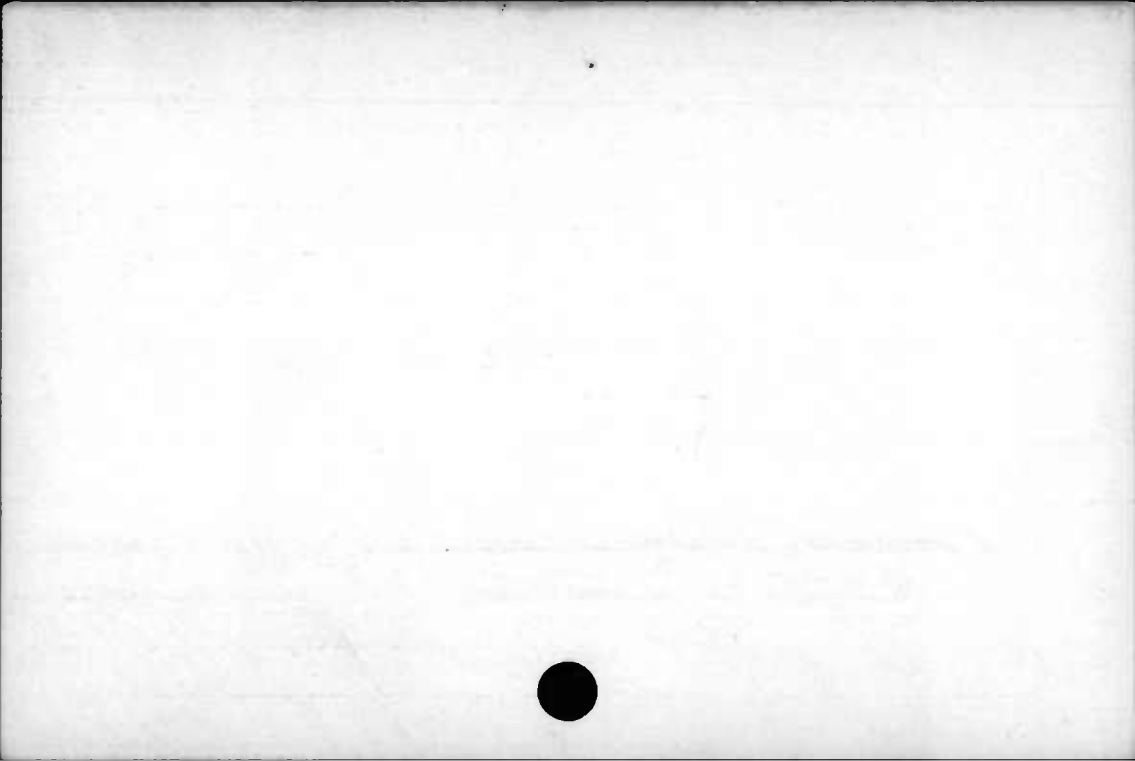
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoxville</i>		County <i>Bachman</i>		MARYLAND	
Date of death 19 <i>03</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>30</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>North Carolina</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Arnold Watter</i>			How related to deceased <i>93</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Whiteley</i>
		Address	<i>Catoxville</i>
Accident or Suicide?			



Name
in
Full

Edgar E. Burns

CERTIFICATE OF DEATH

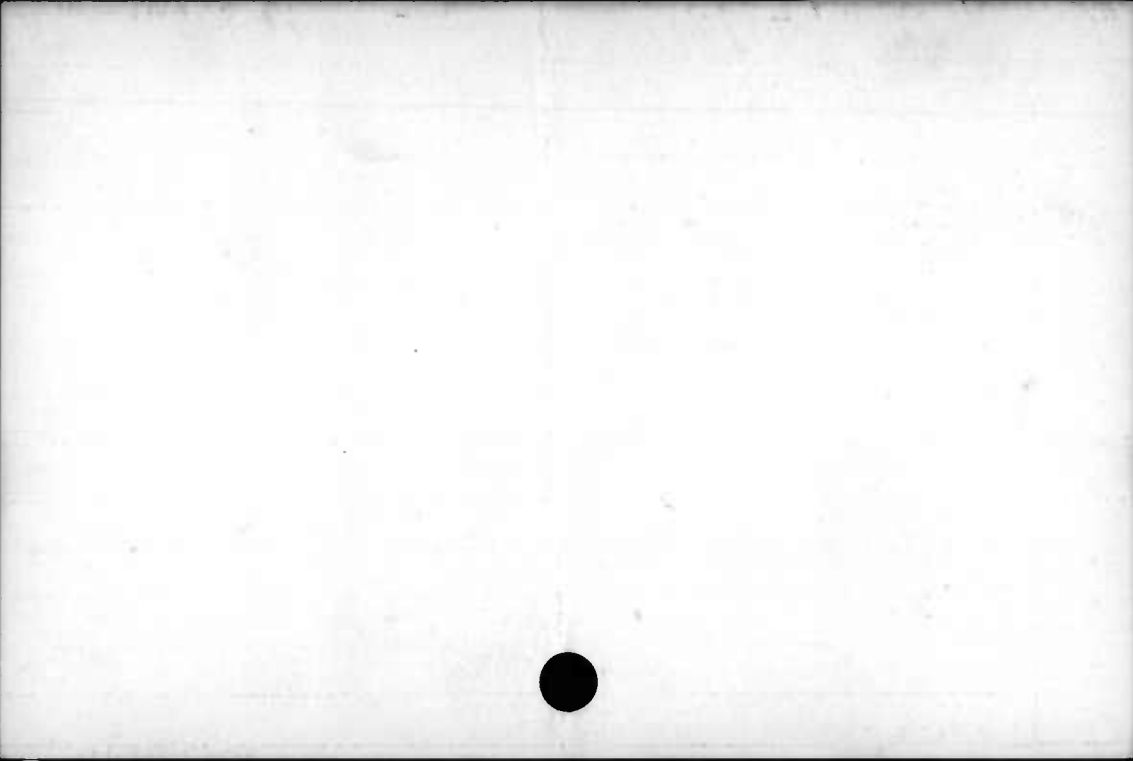
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Graystone</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>12</i>	Years <i>34</i>	Months <i>1</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Silica Mfg.</i>		
Name of Wife or Husband <i>Jennie A Burns</i>					
Father's Name <i>Thomas Burns</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Georgia Euson</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Jennie A Burns</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Acute Pericarditis</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. W. Seydel M.D.</i>
	Address <i>Parlison, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Harry Carr

CERTIFICATE OF DEATH

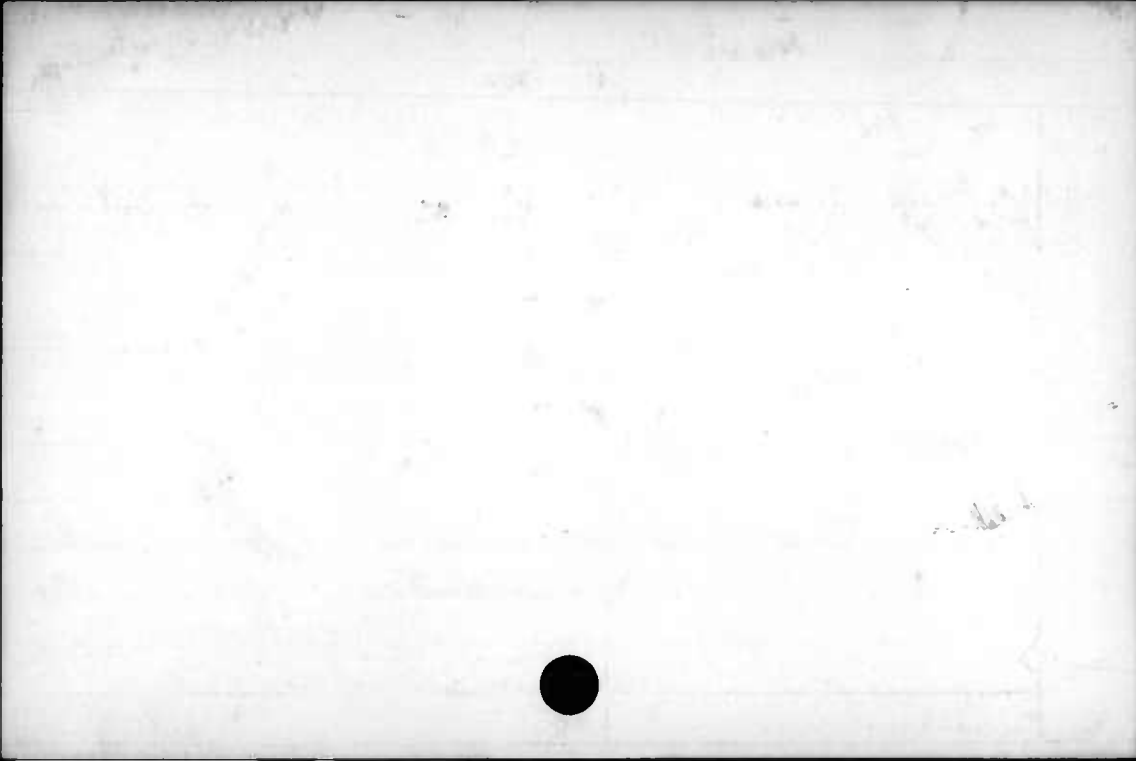
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>St Agnes Sanitarium</i> ^{County} <i>Balt</i>		MARYLAND	
Date of death 190 <i>3 February</i>	Month <i>8</i>	Day <i>33</i>	Age <i>33</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>	Months <i></i>
Married, Single <i>Single</i>		Occupation <i>barber</i>	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long
Immediate <i>starvation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. A. Carr</i>
	Address <i>St Agnes Sanitarium</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth L. Clark

Died at

Whitehall

Town

Baltimore

County

MARYLAND

Date

of death 190

3

Month

2

Day

6

Age

Years

40

Months

8

Days

21

Sex

female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Housekeeper

Name of Wife or
Husband

Henry Clark

Father's
Name

Daniel S. Willson

Father's
Birthplace

Md

Mother's
Maiden Name

Lydia A. Shaver

Mother's
Birthplace

Md.

Name of person giving
information

Henry Clark

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Acute Leptococcal Bronchitis

How long

Three weeks

Immediate

Acute Leptococcal Bronchitis

How long

Three weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. W. Heydorn, M.D.

Address

Parkton,
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ann E. Col

CERTIFICATE OF DEATH

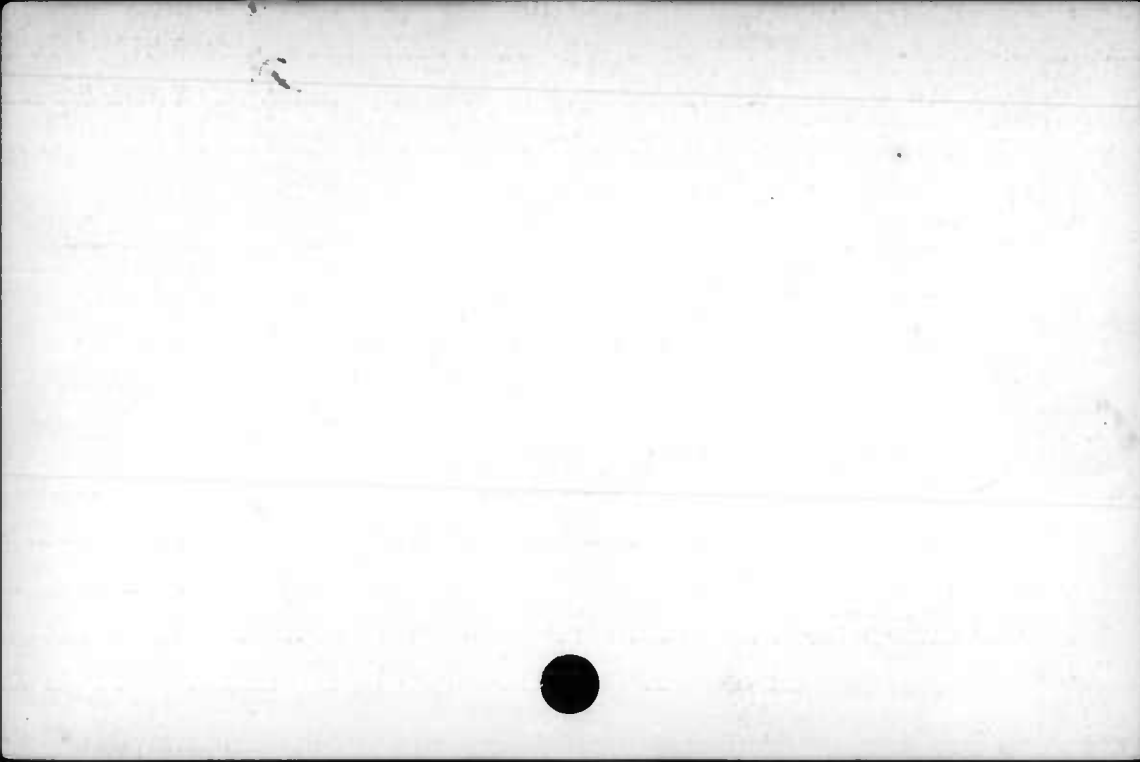
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>23</i>	Age Years <i>87</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Widow</i>			Occupation <i>House Wife</i>		
Name of Wife or Husband <i>Wm. B. Col</i>					
Father's Name <i>Wm. Badders</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Ann Hartman</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Carrie Col</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septic</i>	How long <i>6 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>few da.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Taylor</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Emily I. Cole

Town

County

Died at

Philadelphia

Balt

MARYLAND

Date 19

03 2 13

Age

40

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Albuminuria

How long sick

1 week

Death

Immediate

Uremic Poisoning

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000



Name
in
Full

CERTIFICATE OF DEATH

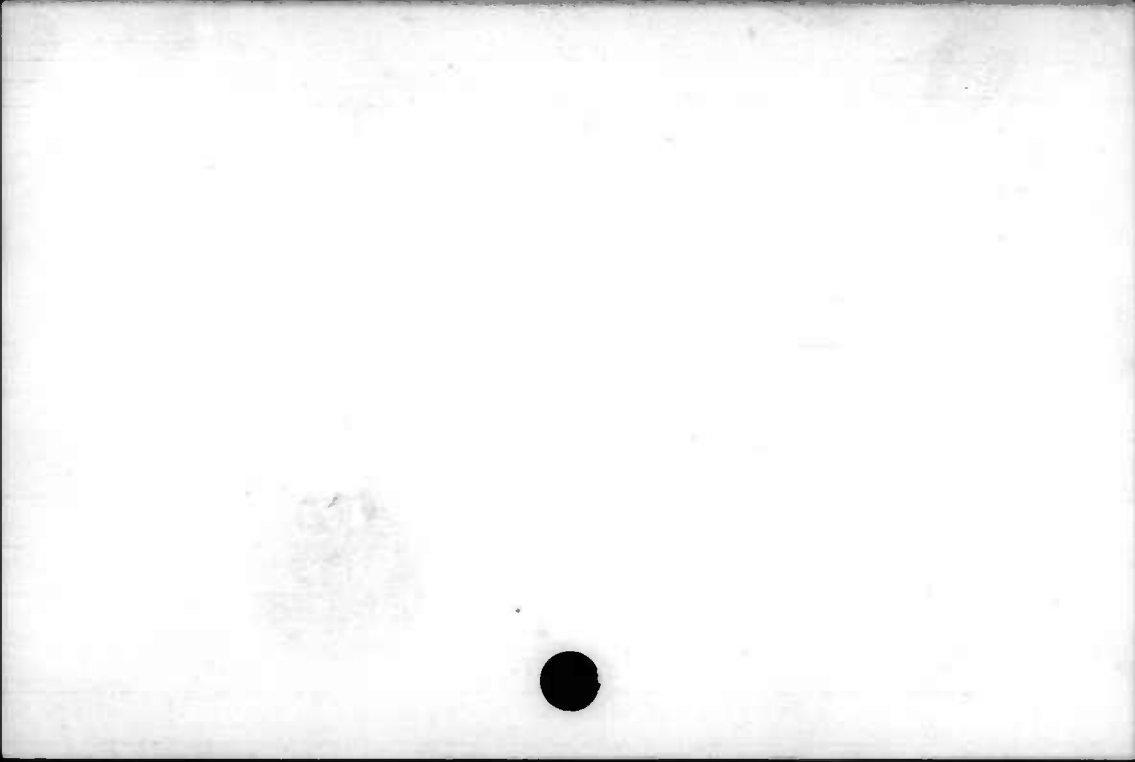
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Baeto		
Married, Single or Widowed	Single			Occupation	Gardener		
Name of Wife or Husband	Eleg Cole						
Father's Name	John Cole				Father's Birthplace	Hoford	
Mother's Maiden Name	Mary				Mother's Birthplace	"	
Name of person giving information	Wife of Eleg Cole				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular disease, heart		How long	One Year
Immediate	Tuberculosis of bowels		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Wm. T. T. T. M.D.
		Address	Gardenville	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

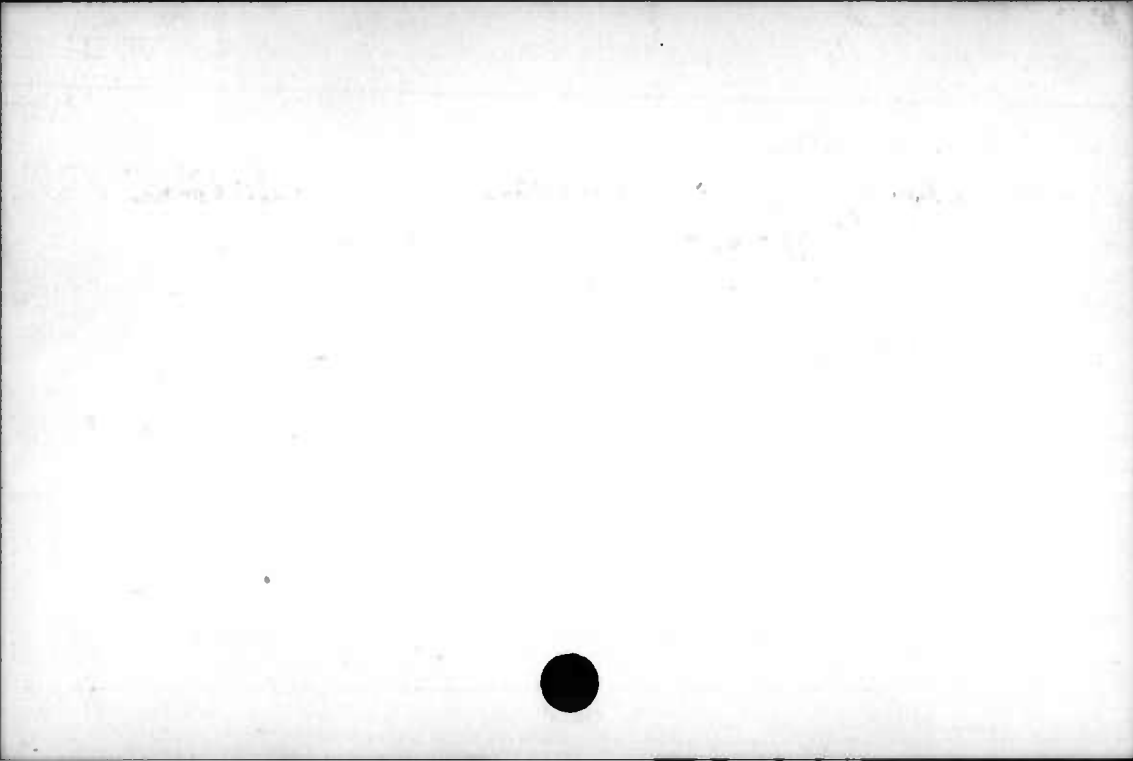
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Staguer Plantation</i> ^{Town} <i>Belt</i> ^{County}		MARYLAND	
Date of death 1903 <i>Feb.</i> ^{Month} <i>24</i> ^{Day} <i>44</i> ^{Years}	<i>Male</i> ^{Sex}	<i>White</i> ^{Color or Race}	<i>Baltimore</i> ^{Birth-place}
<input checked="" type="checkbox"/> Married, Single or Widowed		Occupation	
Name of Wife or Husband		Father's Birthplace	
Father's Name		Mother's Birthplace	
Mother's Maiden Name		How related to deceased	
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. W. D. D.</i>
	Address <i>Staguer Plantation</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

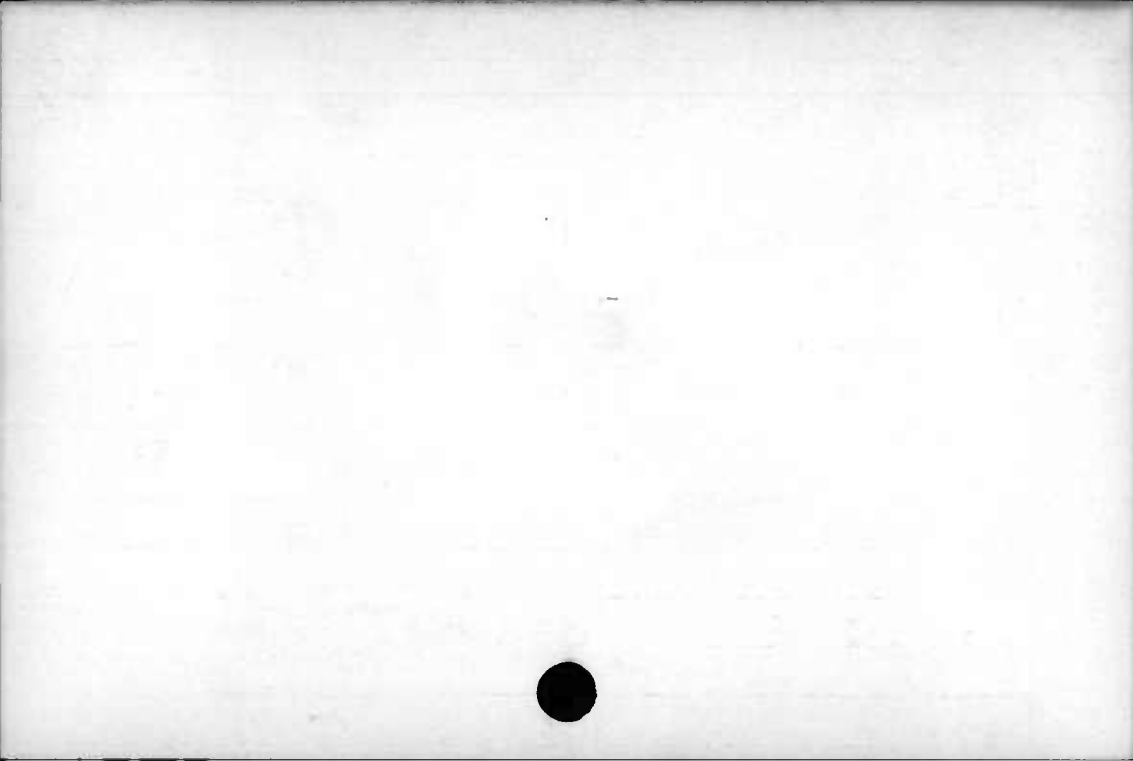
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry America Conway</i>		Town <i>Wicker</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Wicker</i>		Month <i>February</i>		Day <i>22</i>		Years <i>91</i>	
Date of death 190 <i>3</i>		Months <i>4</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Harvard Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>Bessie Ann Tate</i>							
Father's Name <i>Henry Conway</i>		Father's Birthplace <i>Harvard Co</i>					
Mother's Maiden Name <i>Susan Chasun</i>		Mother's Birthplace " "					
Name of person giving Information <i>Bessie Ann Tate</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>4 weeks</i>	
Immediate <i>Old age</i>		How long " "	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Harrison</i>	
		Address <i>Cut Hill.</i>	
Accident or Suicide?			



Name
in
Full

Alexander Coroner

CERTIFICATE OF DEATH

Died at *Balto. Co. Almshouse* ^{Town} County

MARYLAND

Date

of death 1903

2

Month

13

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

He was brought to the Institution in an

How long

Immediate

Paralysis & unconscious condition

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*and died the same**Thos. C. Bussey*

Address

Pexas Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Julia. Lawrence Craig

CERTIFICATE OF DEATH

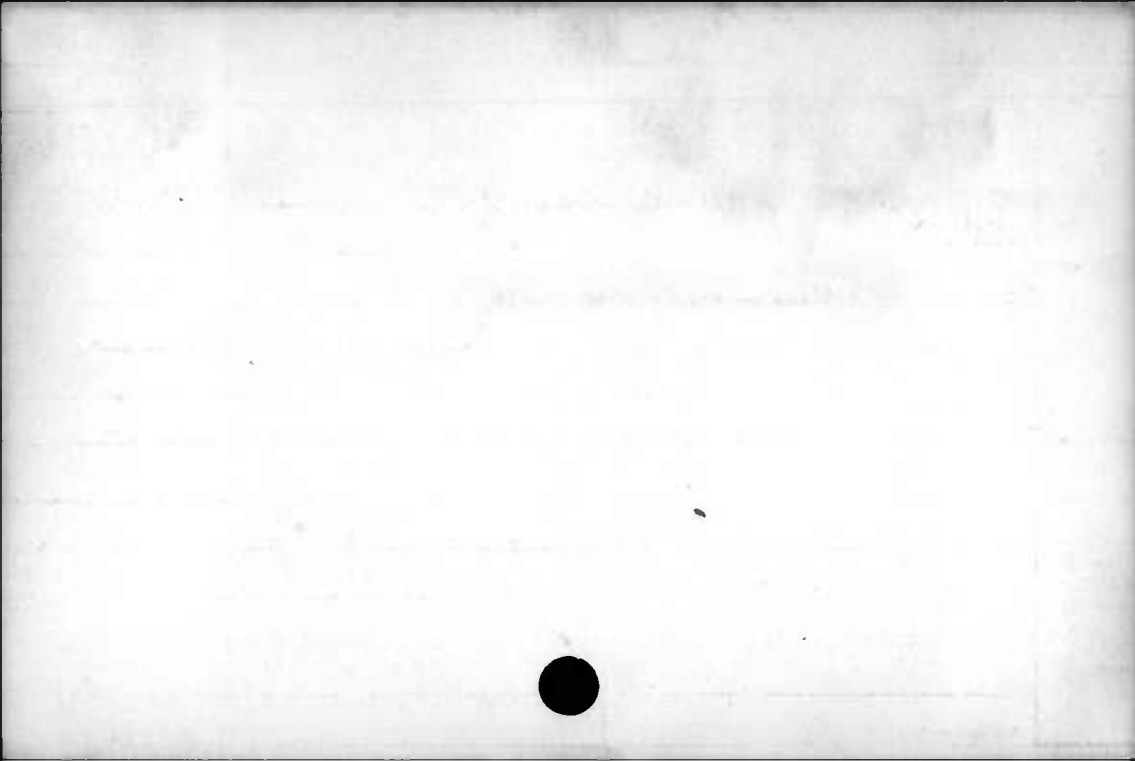
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harwood Ave</i>		Town <i>Balto</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co. Md</i>	
Married, Single <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>Julian Rasin. Craig</i>					
Father's Name <i>William Pinkney Craig</i>			Father's Birthplace <i>Balto. Co. Md</i>		
Mother's Maiden Name <i>Julia Rasin</i>			Mother's Birthplace <i>Balto City. Md</i>		
Name of person giving information <i>William Pinkney Craig</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hæmophilia</i>	How long <i>12 Hours</i>
Immediate <i>Unbilical Hemorages</i>	How long <i>12 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. A. Hartman</i>
	Address <i>1121 N. Caroline St</i>
Accident or Suicide?	



David Henry Cross

Town

County

Died at Stagers' Cauldron Baltimore

MARYLAND

Date 1908	Month Feb	Day 10	Y.	M.	D.	Native of Md.	Occupation Plumber
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 wks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

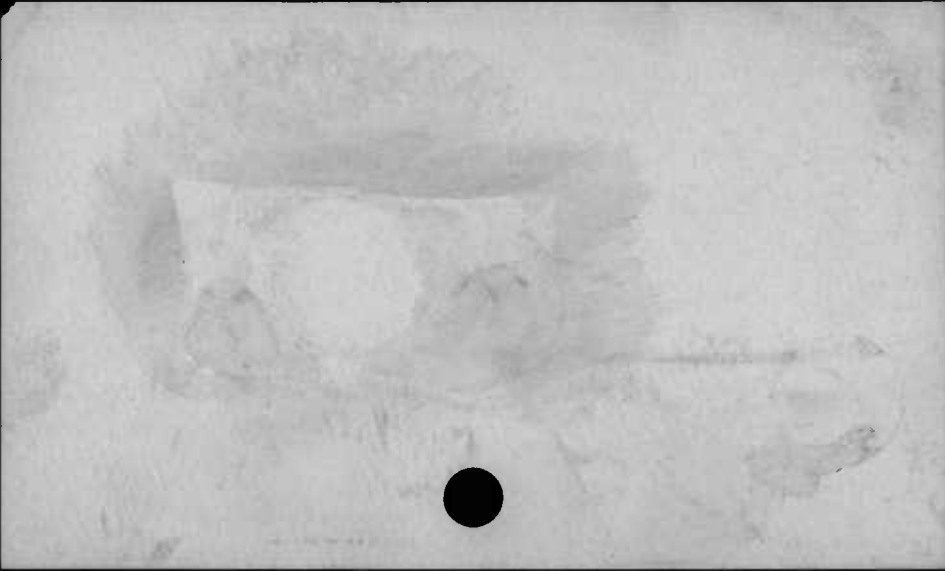
Reported by

Twkeown Md

Address.

1938 Linden Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ammie E. Davis.

Town

County

Died at

Spencer's Point Balto

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 13

Age

66

9 10

Delaware

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

3

~~Husband~~ of

Thomas H. Davis.

~~Wife~~

Father's

Name

Daniel Stevens

Mother's

Maiden Name

Sarah Spence

Cause of

Primary

Asthma

low

How long sick

24 hours

Death

Immediate

Cerebral Hemorrhage

~~Accident, Suicide, Homicide~~

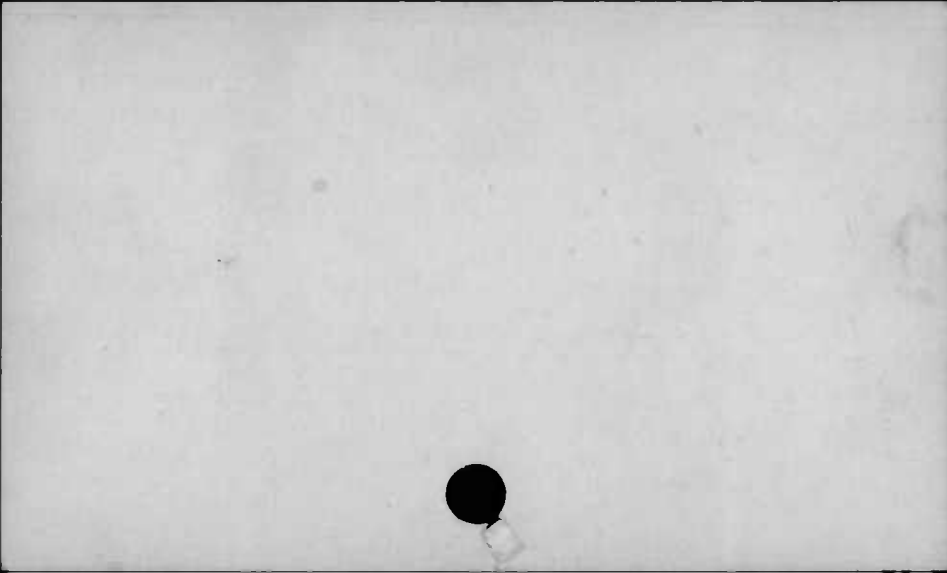
Reported by

Frank C. Elwood, M.D.

Address

Spencer's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full: **Eva Debaugh**
 Died at: **Burn wood** Town **Baltimore** County **MARYLAND**
 Date 19**03** Month **Feb.** Day **21** Y. **74** M. **D.** Native of **Maryland** Occupation **House wife**
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widowed ☐ Widower ☐ Number of children living **2**

Husband of **Augustus Debaugh**
 Wife **Eeling**
 Father's Name **Eeling** Mother's Maiden Name **_____**

Cause of Death { Primary **Bright's Disease** Immediate **Dropsy** } How long sick **100**
 Accident, Suicide, Homicide

Reported by **Dr. John S. Green**
 Address **Fittinger P.O. Balto, Co., Md.**

Must be signed by physician, if and in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

Nellie deets

CERTIFICATE OF DEATH

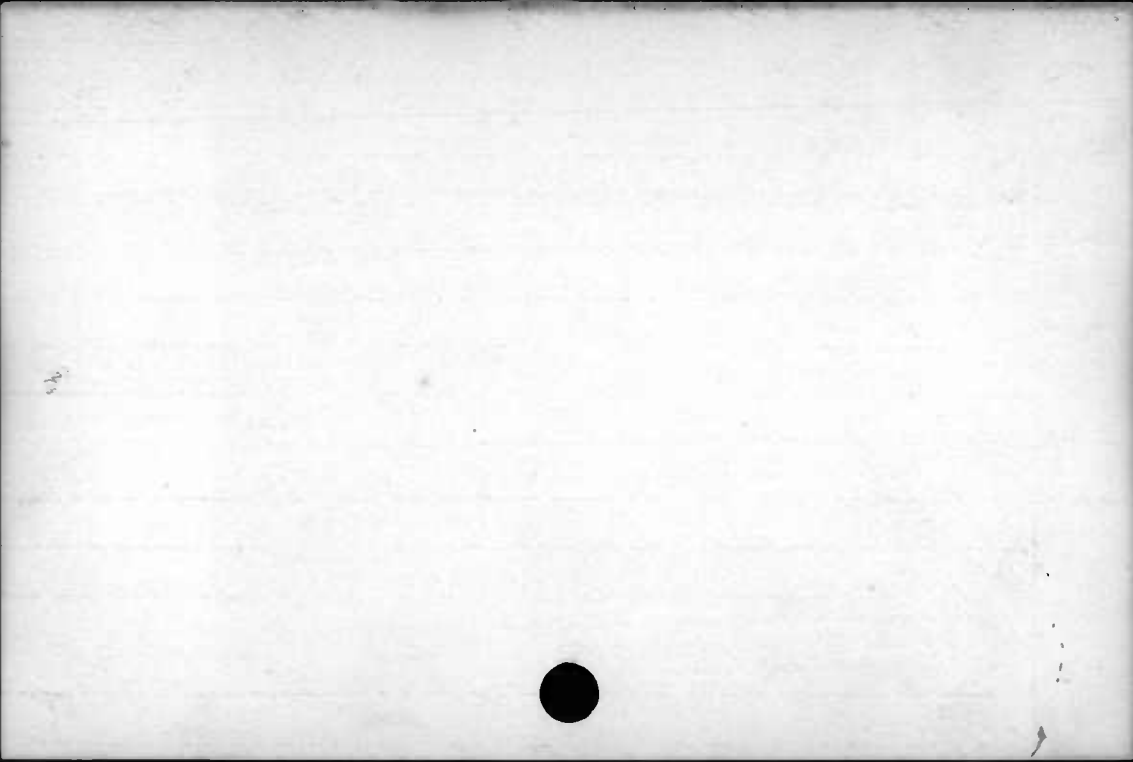
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		<i>Balto Co</i> County		MARYLAND	
Date of death 1903	<i>Feb</i> Month	<i>13</i> Day	Age <i>79</i> Years	<i>8</i> Months	<i>12</i> Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Balto Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>Nelson deets</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Seraility</i>	How long
Immediate <i>Pneumonia Cap.</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Herbert Beckley</i>
	Address <i>Rusticlan Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Dougherty
 Town *Feyas* County *Balto*

Died at

MARYLAND

Date 19 *03*

Month

Day

Y.

M.

D.

Native of

Occupation

*2**28*

Age

*68**Ireland**Housewife*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Thomas Dougherty

Thomas Moffit Mother's
 Maiden Name *Lizzie Moffit*

Primary

Immediate

Old Age 1st

How long sick

30 days

Accident, Suicide, Homicide

Reported by

Address

Wm C Brooks Undertaker
Philopott Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1903

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Mary Julia Boyle
Washington, Md. Baltimore.

Month	Day	Y.	M.	D.	Native of	Occupation
Feb	21	28	0	19	Ireland, Dr. Meray	

Male	White	Married	Widow	Divorced	Number of children living
Female	Colored	Single	Widower		

Primary	Immediate	How long sick
Pulmonary Tuberculosis	Asthma	6 mos

James Boyle	Mother's Maiden Name	Elizabeth Casey
-------------	-------------------------	-----------------

Accident, Suicide, Homicide

William J. Todd

27

--

141

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sister Placita Supply

Died at *St Agnes Sanitarium* ^{Town} *Balt* ^{County}

MARYLAND

Date of death 190 *Feb.* ^{Month} *28* ^{Day} Age *29* ^{Years} Months *27* Days

Sex *Female* Color or Race *white* Birth-place *Baltimore*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* - How long _____

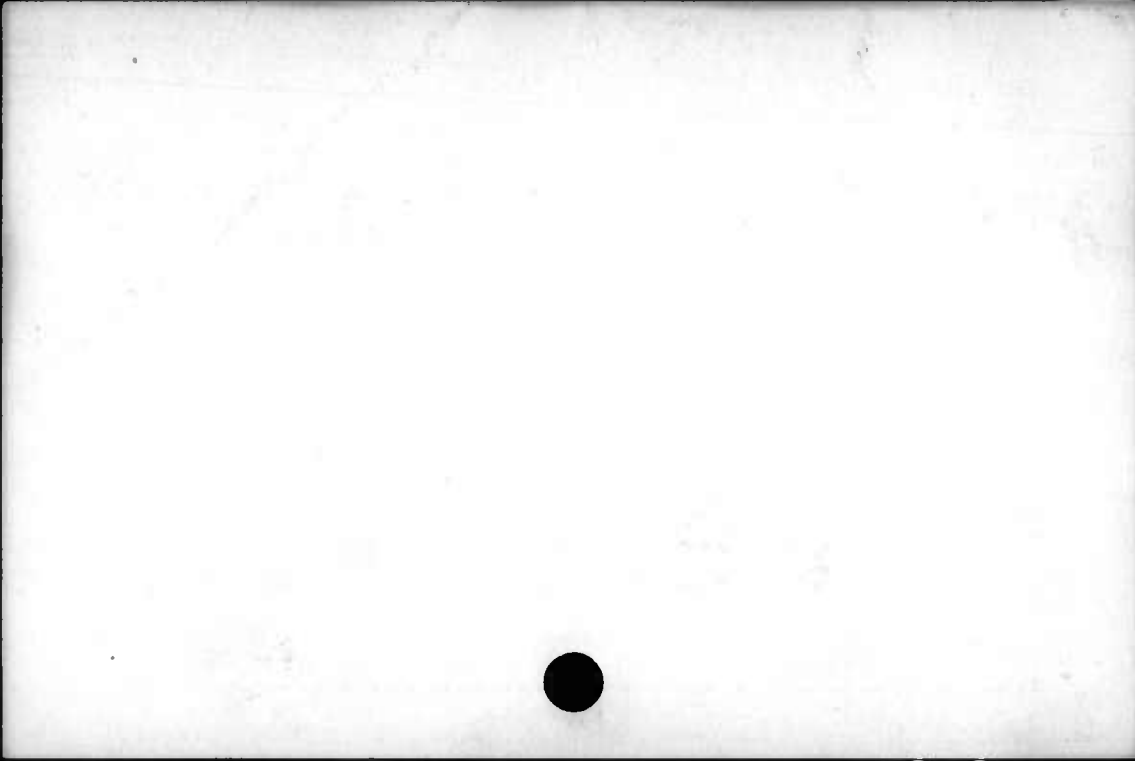
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Ryan M. S.*

Address *St Agnes Sanitarium*

Accident or Suicide? *No*



Name
in
Full

William H. A Dull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i>		County <i>Balt</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>one</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md. Arlington</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Dull</i>			Father's Birthplace <i>Pennva</i>		
Mother's Maiden Name <i>Agnes Souts</i>			Mother's Birthplace <i>Carroll co md</i>		
Name of person giving information <i>Henry Dull</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronco-Pneumonia</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Goodenough M.D.</i>
<i>—</i>	Address <i>M. Arlington Balt Co md,</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Hall</i> ^{Town}		<i>Bald.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Febry</i>	Day <i>8th</i>	Age <i>80</i>	Months <i>1</i>	Days <i>5</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Balto Co</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired</i>		
Name of Wife or Husband <i>Adeline</i>					
Father's Name <i>Joseph Duncan</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Cassandria (dont know)</i>			Mother's Birthplace <i>Balto Co</i>		
Name of person giving In formation <i>S. H. Black</i>			How related to deceased <i>Son in Law.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hæmorrhage of Brain</i>	How long <i>Short time</i>
Immediate <i>Hæmorrhage of Brain</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas J. Baccini</i>
	Address <i>Germine</i>
	<i>Med.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

Benjamin Earhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandlo		County Baltimore		MARYLAND	
Date of death 1903	Month 2	Day 11	Age	Years 29	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Baltimore City
Married, Single or Widowed	Married			Occupation	Laborer		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation				How related to deceased			

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	29
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
YWS		J. H. Ballenburgh	
		Address	
		1810 E. Balto	
Accident or Suicide?			



Name
in
Full

William E Emig (Emich)

CERTIFICATE OF DEATH

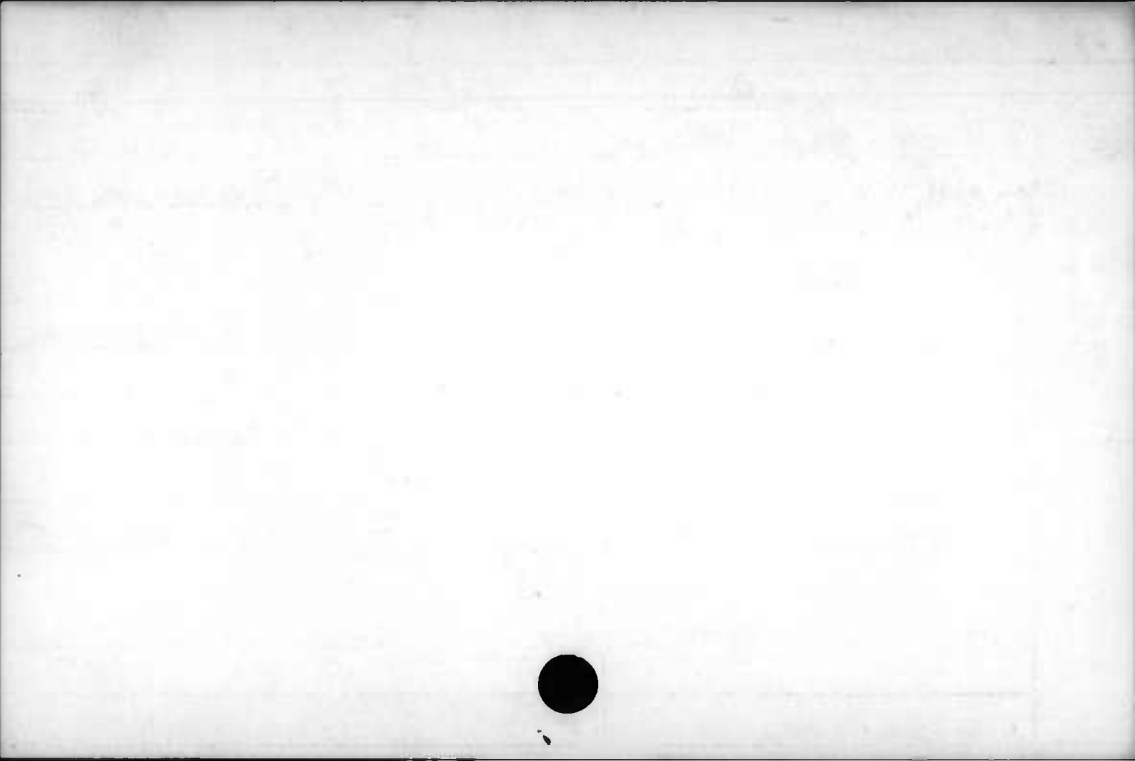
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashtabula</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 1903	<i>Feb</i> ^{Month}	<i>15</i> ^{Day}	Age <i>32</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hanover</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i> Clerk</i>				
Name of Wife or Husband <i>Virginia Emig</i>					
Father's Name <i>John Emig</i>			Father's Birthplace <i>Hanover</i>		
Mother's Maiden Name <i>Luisa Emig</i>			Mother's Birthplace <i>Hanover</i>		
Name of person giving information <i>Mr & E Emig</i>			How related to deceased <i>Wife.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>2 hours</i>
Immediate <i>Heart Failure</i>	How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ronald A Bevan Cor</i>
	Address <i>Ashtabula</i>
<i>Accident</i>	<i>Trato Co Wm</i>



Name
in
Full

CERTIFICATE OF DEATH

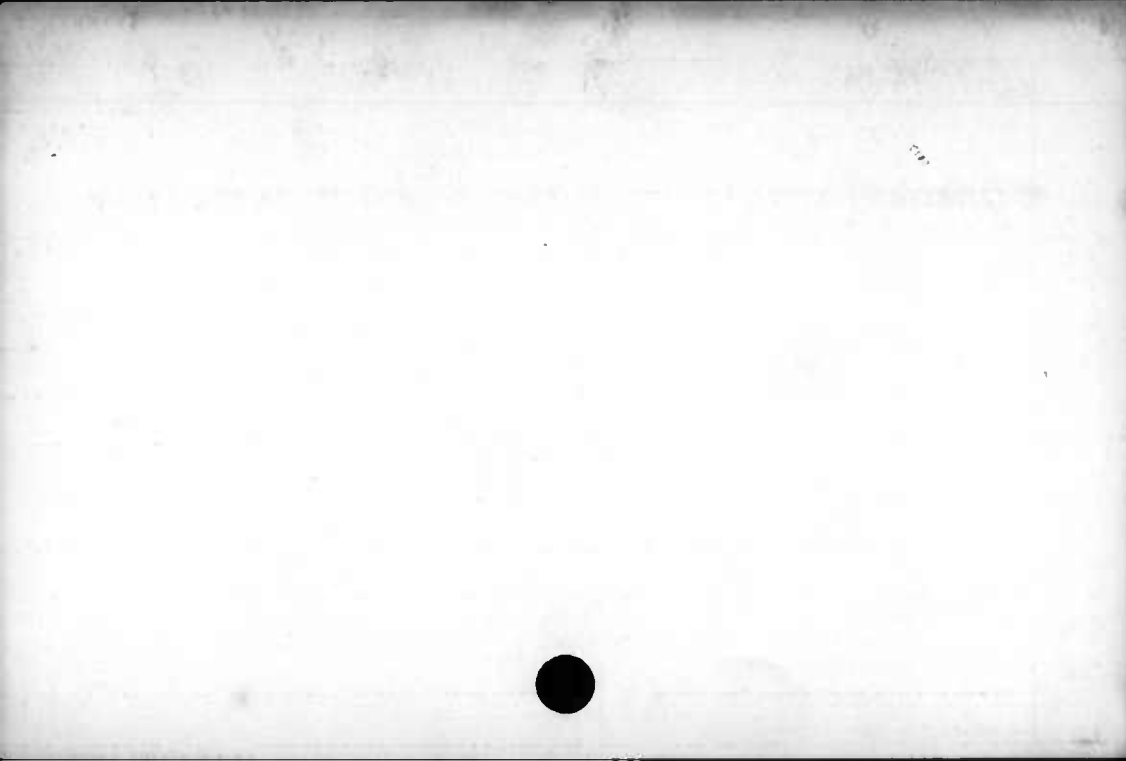
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Healdenville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>6</i>		Age <i>3.5</i> <small>Years</small>		<small>Months</small> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sweden</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Labrer.</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>✓</i>				Father's Birthplace <i>X</i>	
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>	
Name of person giving Information <i>X</i>				How related to deceased <i>X</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>		How long <i>7 years</i>
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. J. Wade.</i>
		Address <i>Healdenville</i>
Accident or Suicide? <i>No.</i>		



Name In Full

Certificate of Death

Mrs Julia Ann Frankhamfield

Died at ^{Town} Leachysville ^{County} Balto MARYLAND

Date 19 03 Feb 27 Age 86. 1 7 Pa Native of Pa Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of William Frankhamfield
 Wife of William Frankhamfield
 Father's Name Edward Palmer Mother's Name Sarah
 Maiden Name Julia A. Palmer

Cause of Death { Primary Bronchitis How long sick 5 days
 Immediate Pneumonia 93
 Accident, Suicide, Homicide

Reported by Dr J. H. Garrison

Address Leachysville Baltoes. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Strandburg Pa.

Name in Full

Certificate of Death

Charles Frolich

Town

County

Died at

Sparrows Point

Matto

MARYLAND

Date 1903 -

Month Day

2 - 3

Age 30

Y. M. D.

Native of

Poland

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

166

Cause of

Primary

Immediate

Accident

How long sick

Death

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hellen Garner

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Landowne^{County} Balto

Date

of death 190

3

Month

2

Day

7

Age

Years

40

Months

8

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Dc

Married, ~~Single~~
~~unmarried~~

Occupation

House wife

Name of Wife or
Husband

Arthur Garner

Father's
Name

Jas Peterson

Father's
Birthplace

Dc

Mother's
Maiden Name

Ellen Stewart

Mother's
Birthplace

Dc

Name of person giving
In formation

Arthur Garner

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Double Pneumonia

How long

8 days

Immediate

Exhaustion

43

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

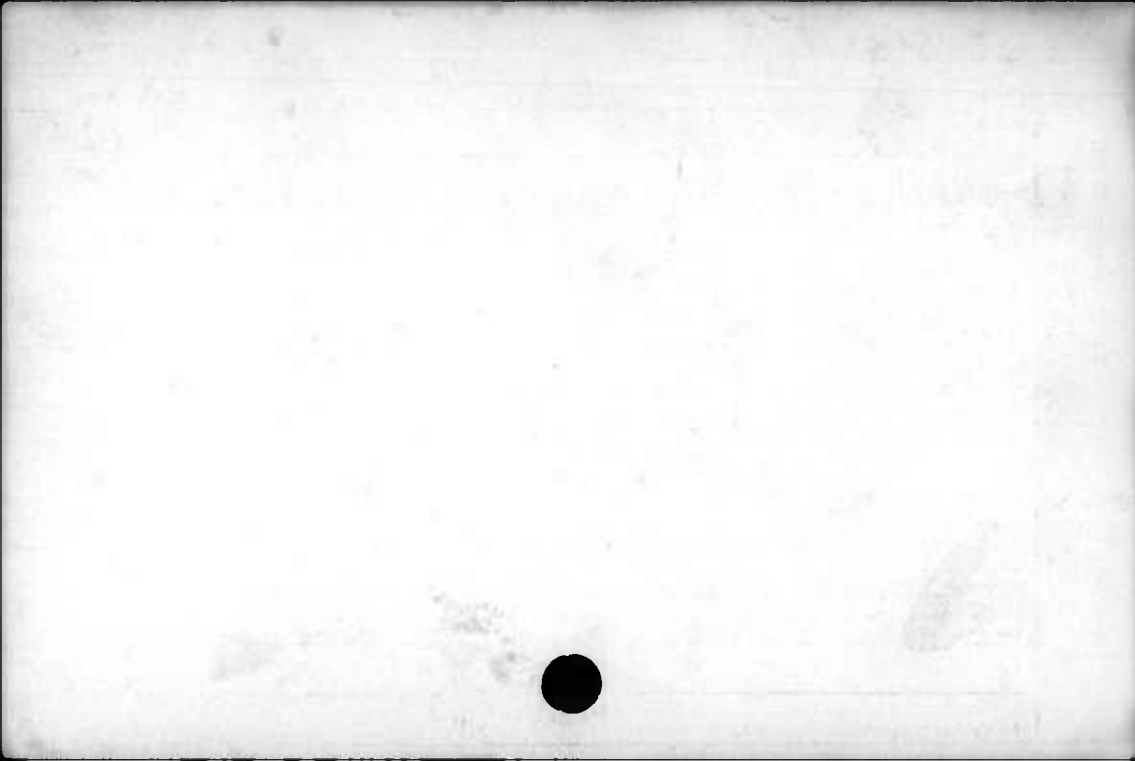
ZB Hall

Address

Mt Winans

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Margrett D Gemmill		CERTIFICATE OF DEATH	
Died at Glyndon Town		County Baltimore	
Date of death 1903		Month Feb Day 13 Years 52 Months 8 Days 28	
Sex Female		Color or Race White Birth-place Getzville	
Married, Single or Widowed		Occupation Housewife	
Name of Wife or Husband Jacob M. Gemmill			
Father's Name Bentley Perry		Father's Birthplace Charter Co. Pa.	
Mother's Maiden Name Jane Jemison		Mother's Birthplace Getzville Pa.	
Name of person giving information Jacob M. Gemmill		How related to deceased Husband	
CAUSES OF DEATH			
Primary Cerebro. Spinal Meningitis		How long Thirteen weeks	
Immediate Paralysis & General exhaustion		How long two weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. L. Orzech M.D.	
		Address Butler Md	
Accident or Suicide?			

To Bea Bynned at
Pine Grove

Name in Full

Certificate of Death

August Gaeller
 Town County
 Canton Ball

Died at

MARYLAND

Date 1903

Month Day

Feb 19

Y. M. D.

4

Native of

US

Occupation

-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's

Maiden Name

Ida Brewster

Cause of

Primary

Pneumonia following Measles

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. H. Hickey
 2. Hudson St

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Philip Ingbert & Son

244 S. Wolfer St.

Name in Full

Certificate of Death

John Henry Gussing

Town

County

MARYLAND

Died at

Granite

Baltimore

Occupation

Date 1903 Feb 19

Age 14 hours

Native of

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Premature

How long sick

Death

Immediate

Delivered

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Boston</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 1903	<u>Feb</u> ^{Month}	<u>6</u> ^{Day}	Age <u>3</u> ^{Years}	<u>2</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Balto &</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>John Kabutkan</u>			Father's Birthplace <u>U.S.</u>		
Mother's Maiden Name <u>Elizabeth Kabutkan</u>			Mother's Birthplace <u>U.S.</u>		
Name of person giving In formation <u>Factor</u>			How related to deceased <u>Parents.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Pneumonia</u>	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. N. Atkey</u>
	Address <u>East Ave - Windsor P.</u>
Accident or Suicide? <u>—</u>	

Hand du Sous.
St. Mathews

Name
in
Full

Wm. J. Hackett -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Helena</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Feb</u> <small>Month</small>	<u>12th</u> <small>Day</small>	Age <u>64</u> <small>Years</small>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Kent County</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Lacy H Hackett</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Samuel M. Hackett</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma Liver</u>	How long <u>9 mos</u>
Immediate <u>Exhaustion</u> <u>40</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. N. Olney</u>
	Address <u>2 - Hudson st. E. Lk</u>
Accident or Suicide? <u>-</u>	

Armstrong, Denny W.S.
Baltimore, Md.
Undertakers

Name in Full

Certificate of Death

Emiline Haines

Town

County

Died at

Mt Washington

Balt

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	2	4	64	11	-	U.S	none
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	3		

Husband
ofFather's
NameMother's
Name

Cause of	Primary	How long sick
Death	Immediate	6 months
	Dilatation Heart	Accident, Suicide, Homicide

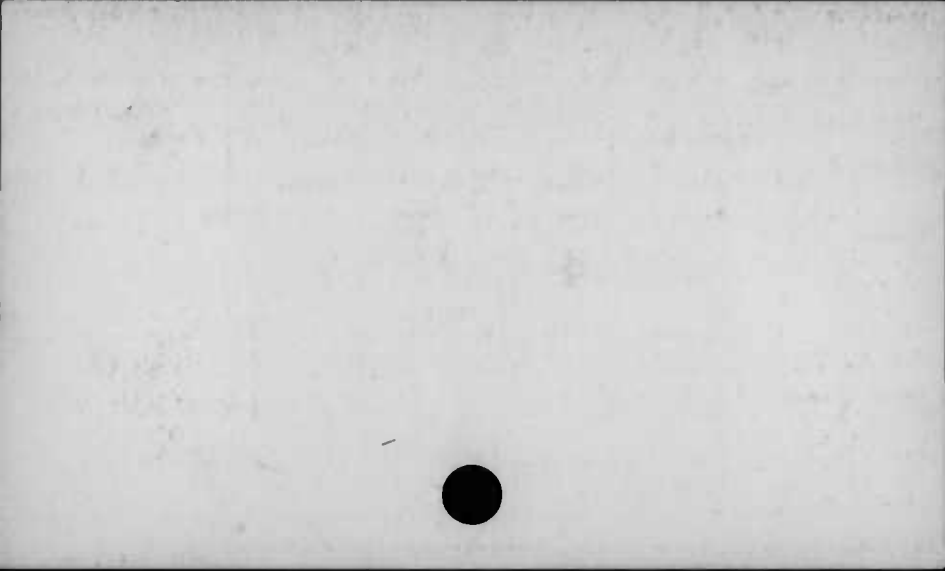
Reported by

Address

Morris Shanks M.D.
Mt Washington Baltimore, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

Mary E. Hane

CERTIFICATE OF DEATH

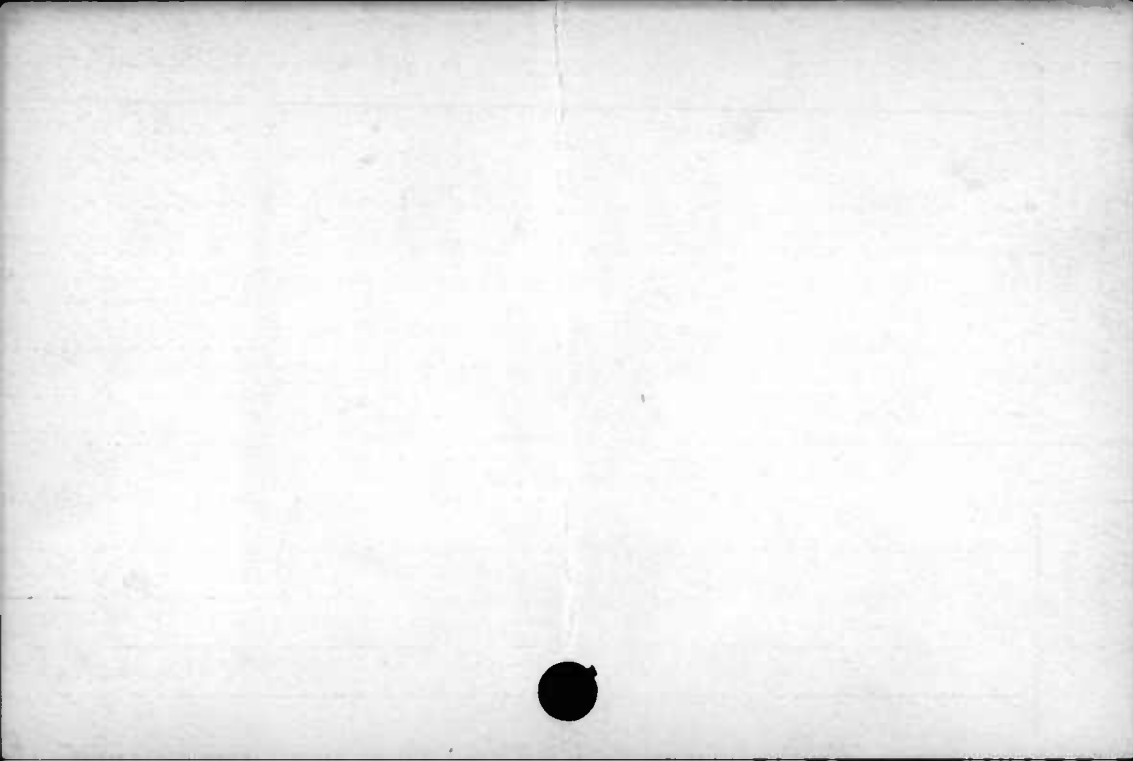
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		2	3	78			
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married, Single or Widowed	Widow			Occupation	Housekeeper		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Don't know							
Mother's Maiden Name				Mother's Birthplace			
u				u			
Name of person giving information				How related to deceased			
Michael Hane				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease & Dropsy	How long	18 months
Immediate	Asphyxia	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	AR. Mitchell
yes		Address	Herford N.C.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

3

Month

Feb

Day

8

Age

Years

Months

Days

1

Sex

Male

Color or
Race

Cald

Birth-
place

Baltimore

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

James Harri day

Father's
Birthplace

Ellicott City

Mother's
Maiden Name

Anna Houston

Mother's
Birthplace

Baltimore

Name of person giving
in formation

Maryon Jackson

How related
to deceased

Aunt.

CAUSES OF DEATH

Primary

Prolapse of Cord

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Mrs Ernest M. Swipe

Address

per Ed W. Atteritt, M.D.

Accident or Suicide?

Health Officer
BaltimorePHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St Agnes Seminary* *Balt-*

Date

of death 190

Month

Day

Years

Months

Days

*3 February**4*

Age

24

Sex

*male*Color or
Race*White*Birth-
place*Baltimore*Married, Single
or Widowed

Occupation

*Tramster*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Ryan M.D.*

Address

St Agnes Seminary

Accident or Suicide?

No

F. A. Krause & Bro
703 Hanover St
Balto
Md

Name
in
Full

Anne Rebecca Hoffman

CERTIFICATE OF DEATH

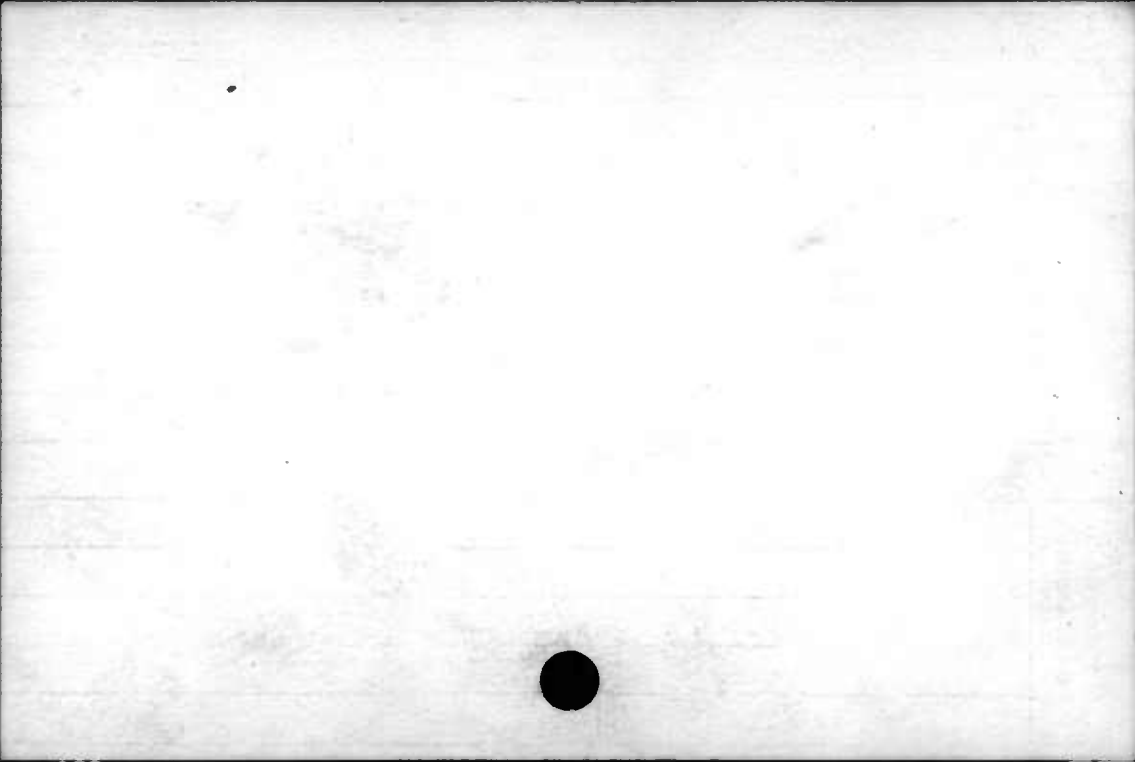
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>21</u>	Years <u>58</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>MS.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <u>Joseph Hoffman</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Louisa Booye</u>			How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma Uterus</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. N. Othey</u>
	Address <u>2 Hudson st Ene</u>
Accident or Suicide?	



Name
in
Full

Lunisa Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Arlington ^{County} Balto. MARYLAND

Date of death 1903 ^{Month} 2 ^{Day} 22 ^{Years} Age 54 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Married, ~~Yes~~ ^{Occupation} House wife

~~Name of Wife or Husband~~ Paul Hoffman

Father's Name unknown ^{Father's Birthplace} Md

Mother's Maiden Name " " ^{Mother's Birthplace} Md

Name of person giving information Paul Hoffman ^{How related to deceased} Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia ^{How long} one week

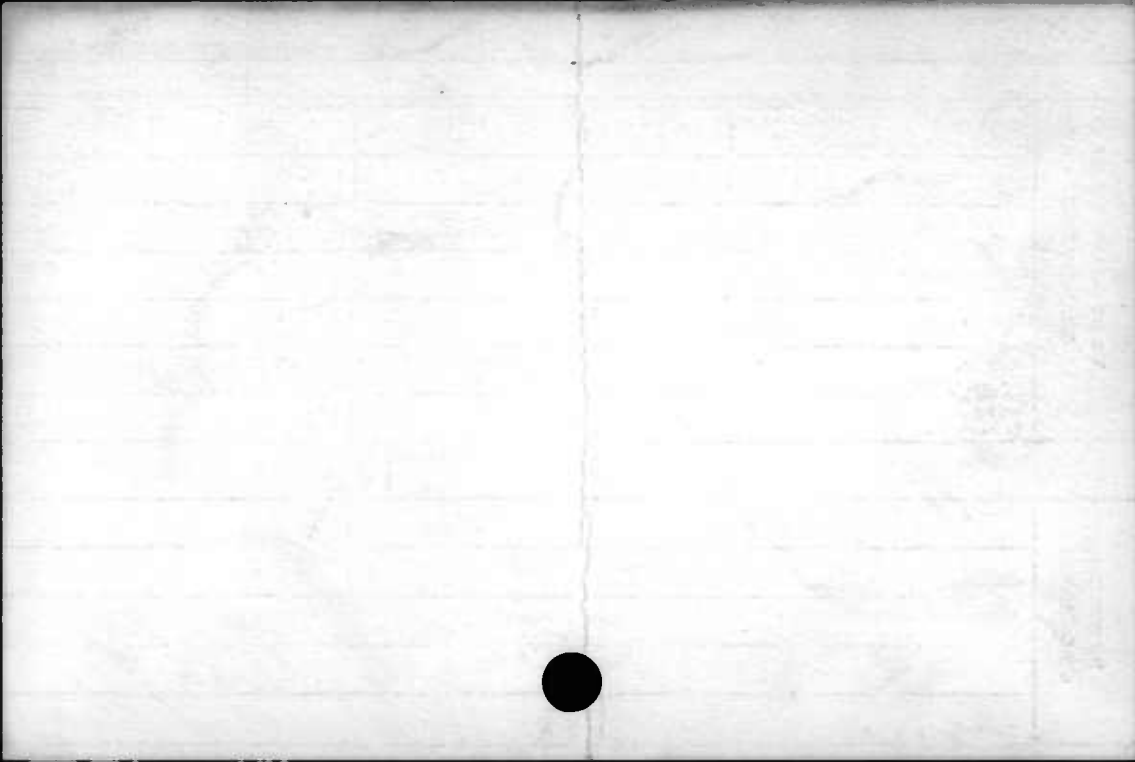
Immediate Exhaustion 93 ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Edwin E. Jones

Address Arlington Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John William Hinkhaus*

Died at *Ashtington* Town *Baltimore* County

Date of death 190 *3* Month *2* Day *20* Age *—* Years *4* Months *18* Days

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or *—*

Father's Name *William Hinkhaus* Father's Birthplace *Baltimore*

Mother's Maiden Name *Rose Huber* Mother's Birthplace *Baltimore Co.*

Name of person giving information *R. A. Hardin, M.D.* How related to deceased *Father*

William Hinkhaus

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *8 days*

Immediate *"* How long *"*

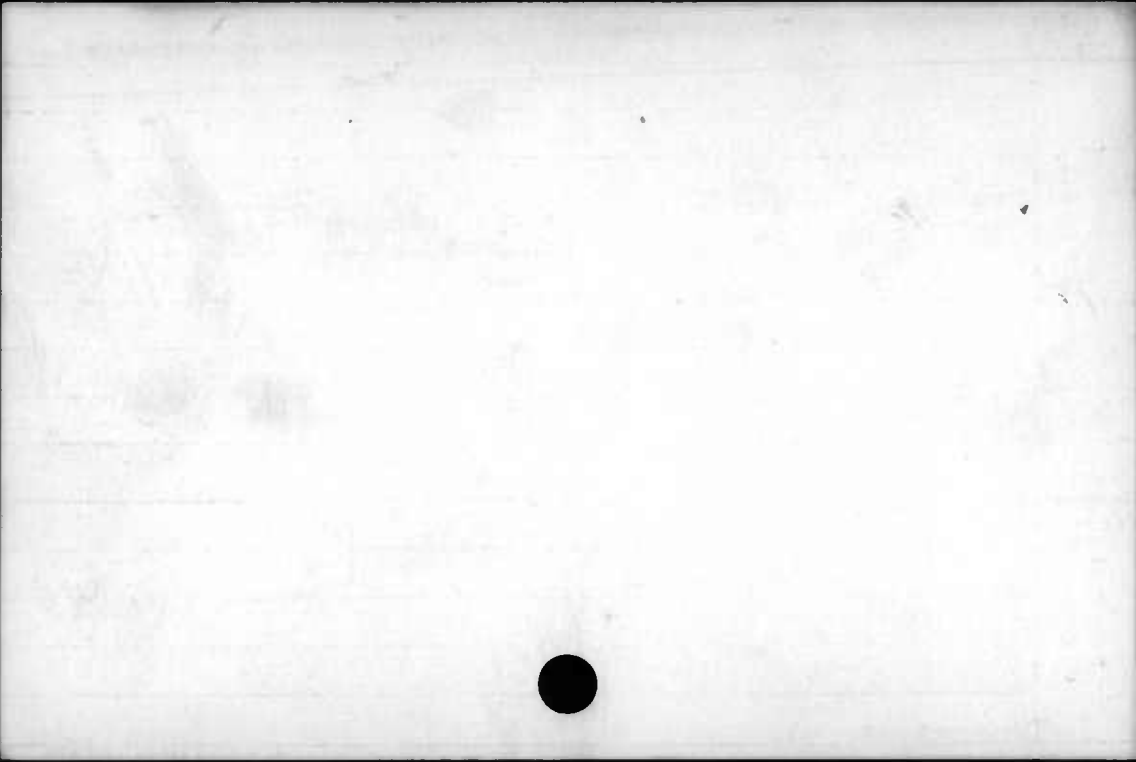
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R. A. Hardin, M.D.*

Address *Station C, City.*

Accident or Suicide? *—*





Name
in
Full

CERTIFICATE OF DEATH

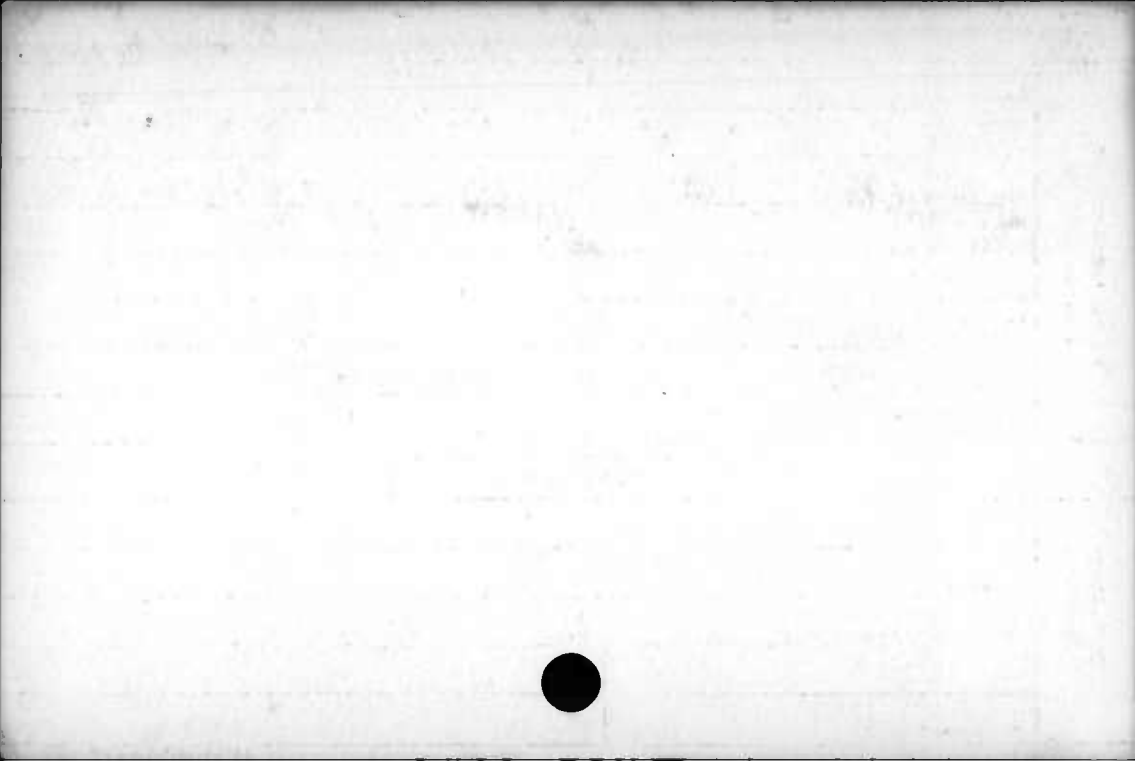
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		County <i>Balt.</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>17</i>	Age <i>7</i>	Years	Months
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Balt Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>---</i>		
Name of Wife or Husband <i>---</i>					
Father's Name <i>Geo. Hughes.</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Agnes Hughes.</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Geo. Hughes.</i>			How related to deceased <i>Father</i>		

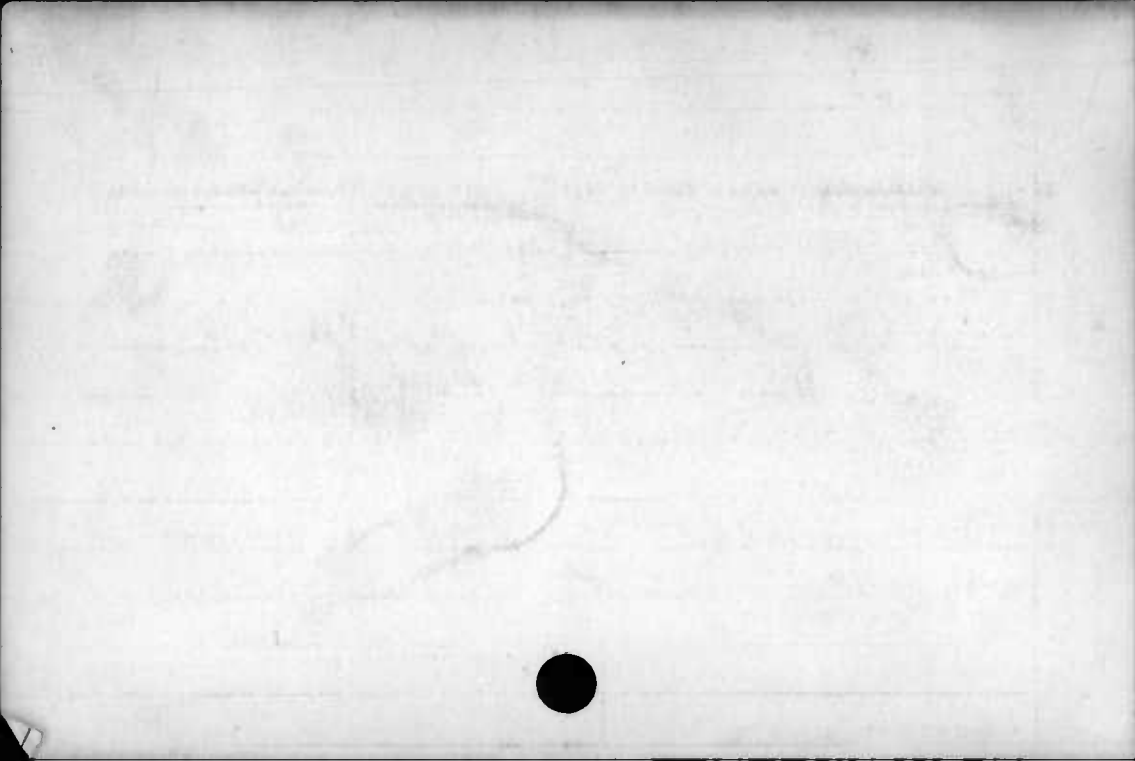
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long <i>71</i>
Immediate	<i>---</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank H. Ruhl</i>
		Address <i>Lansdowne, Md.</i>
Accident or Suicide? <i>---</i>		



Name in Full		MARTIN E HUTCHINS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>4</u>	Age <u>1</u>	Months <u>5</u>	Days <u>4</u>	
	Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Canton</u>			
	<u>Married</u> , Single or <u>Widowed</u>			Occupation <u>—</u>			
	Name of Wife or Husband						
	Father's Name <u>Harry Hutchins</u>			Father's Birthplace <u> Md</u>			
	Mother's Maiden Name <u>Mary D. Zimmerman</u>			Mother's Birthplace <u> Md.</u>			
Name of person giving In formation				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Measels,</u>			How long <u>2 weeks</u>			
	Immediate <u>Pneumonia</u>			How long <u>2 weeks</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>J. Schopf</u>			
				Address <u>1400 Fairview St.</u>			
	Accident or Suicide?						



Mary Heyland

Town

County

Died at

MARYLAND

Died at Mt Washington Balto
 Date 1903 Month 2 Day 11 Y. 73 M. -- D. -- Native of Ireland Occupation Housework
 Male White Married Widow Divorced 5
 Female Colored Single Widower Number of children living 5

Husband of Jm Heyland
 Wife Jm Heyland
 Father's Name --- Mother's Name ---

Cause of Death { Primary Old age 154 How long sick 3 months
 Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Morris Shanks M.D.
 Address Mt Washington



Name in Full *Mary James* CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>20</i> ^{Day}	Age <i>62</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wales</i>		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Wales</i>		
Name of person giving information <i>Mrs Thos H Evans</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>13 days</i>
Immediate <i>Heart Failure</i>	How long <i>10</i> days
Are the name, age, sex, color, date and place correctly given above? <i>yrs</i>	Signature of Physician <i>David W. Jouse</i>
<i>[Signature]</i>	Address <i>3118 O'Donnell St.</i>
Accident or Suicide?	

H. Sander & Sons
Mt Carmel Penn

Name
in
Full

Child not named
Catoanville Baltimore

CERTIFICATE OF DEATH

MARYLAND

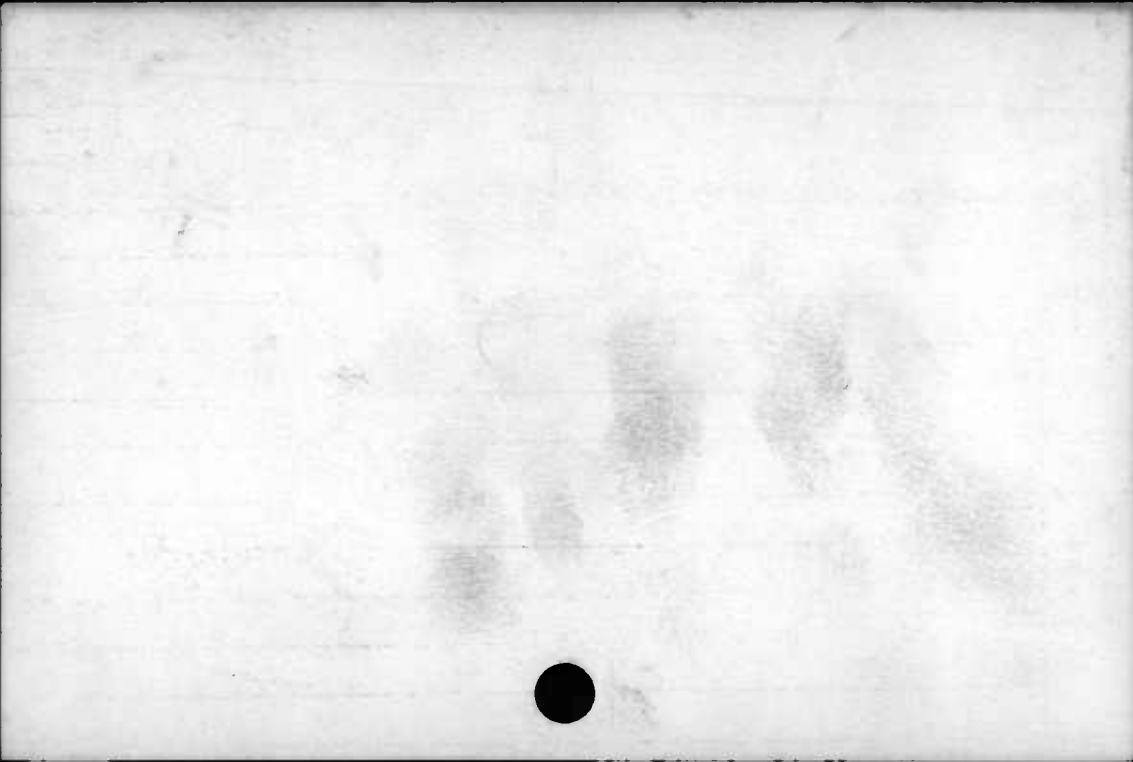
Died at		Town		County			
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	Address
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full <i>Johnson</i>		TOWN				COUNTY		CERTIFICATE OF DEATH	
Died at <i>Townson</i>		<i>Balto</i>		County		MARYLAND			
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>Tuesday</i>		Age <i>week</i>		Months <i>—</i>	
Sex <i>male</i>		Color or Race <i>Col</i>		Birth-place <i>Townson</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>					
Name of Wife or Husband <i>got</i>									
Father's Name <i>Brown</i>						Father's Birthplace <i>Townson</i>			
Mother's Maiden Name <i>Isaac Johnson</i>						Mother's Birthplace <i>..</i>			
Name of person giving information						How related to deceased <i>no</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Exposure</i>		How long <i>1 week</i>	
	Immediate <i>yes</i>		How long <i>15</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank R. Ruel</i>	
	Accident or Suicide? <i>neither</i>		Address <i>Townson</i>	



Name In Full

Certificate of Death

Susannah Jones

Town

County

Died at

Holtville

Balt -

MARYLAND

1903
Date 189 Feb - 5 - Age 83 -

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Thomas Jones, deceased

Mother's

Name

Cause of

Primary

Senility - 154

How long sick

8 days

Death

Immediate

Inkness due to the above

Accident, Suicide, Homicide

Reported by

Address

H J Holt

Randallstown Balt Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888



Name

in
Full

CERTIFICATE OF DEATH

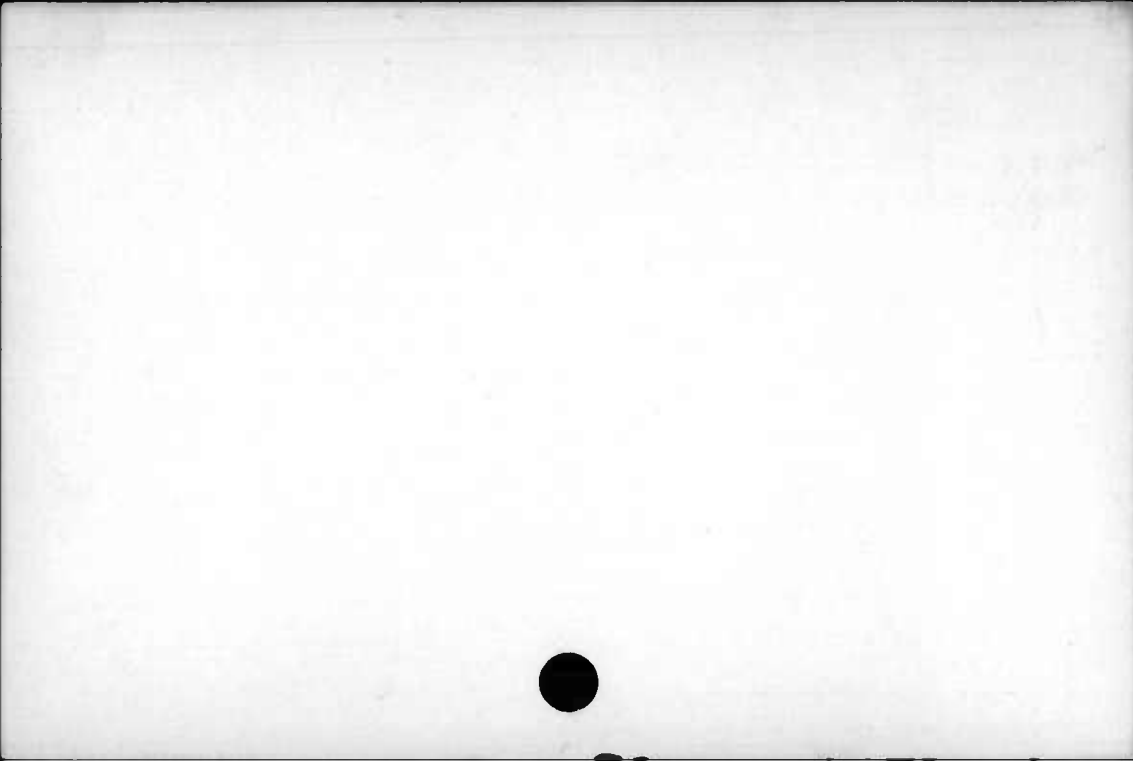
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>2</i>	Day <i>17</i>	Age <i>—</i>	Months <i>31</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Canton</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Florian Keidel</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Balto City</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>From birth</i>
Immediate <i>Chaustron</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Schofield, Jr.</i>
	Address <i>1400 First St.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Catharin Keller.

CERTIFICATE OF DEATH

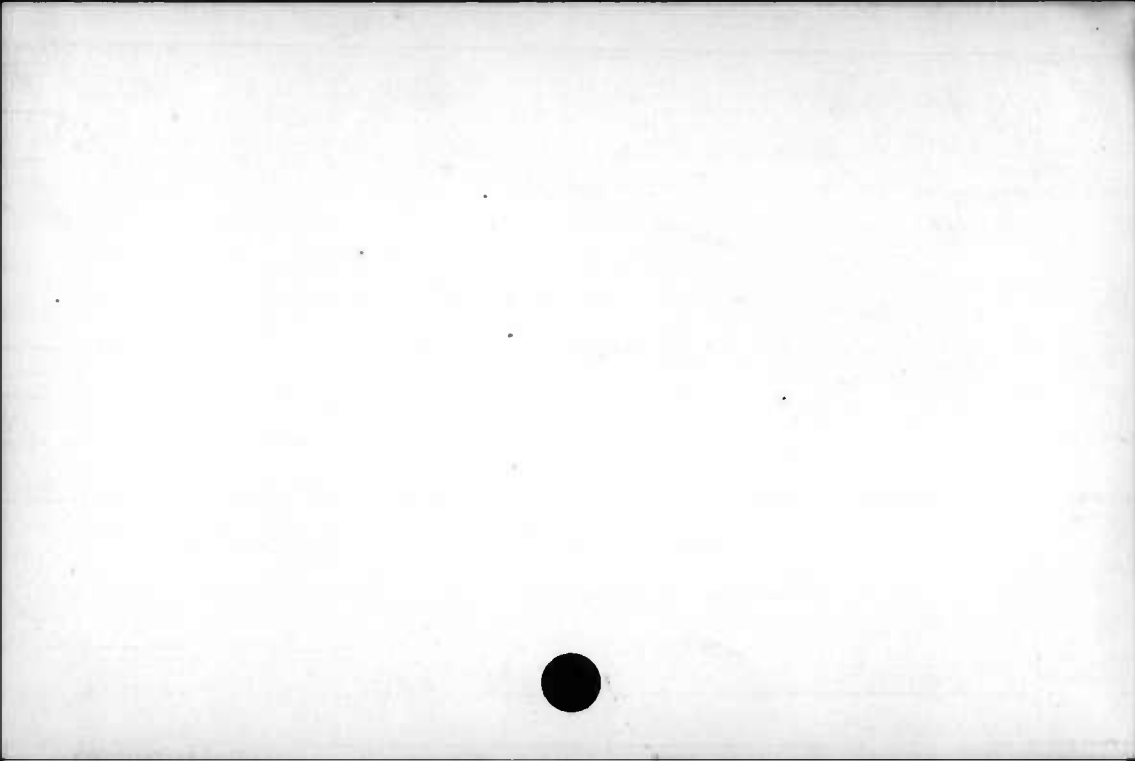
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Belgravie		County Baltimore B		MARYLAND	
Date of death 190	3	Month Feb	Day 22	Age Years	78	Months	Days
Sex	Female		Color or Race	White		Birth- place	Germany
Married, Single or Widowed	Married			Occupation Housewife			
Name of Wife or Husband				Andrew Keller			
Father's Name				Salzman		Father's Birthplace Germany	
Mother's Maiden Name						Mother's Birthplace "	
Name of person giving In formation				Daughter Mrs H.P. Bailey		How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma Complicated Valvular incompetency		How long	7 years
Immediate	Eschauer		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J.B. Webster M.D.	
			Address Belgravie Balt Co Md.	
Accident or Suicide?				



Name in Full

Certificate of Death

Katie A Kemp

Town

County

Died at Mt Washington

Balt

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2

5

Age

2

23

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name Clarence Kemp

Maidan Name

Stella Shavarsen

Cause of

Primary

Grippe-Pneumonia

How long sick

One week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Q. H. Beeterm

Address

Mt Washington

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Freeland Station
F. S. Marshall
278 Falls Road
Baltimore
Md

Name
in
Full

William Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 1903	<u>Feb.</u> ^{Month}	<u>6</u> ^{Day}	Age <u>—</u> ^{Years}	<u>—</u> ^{Months}	<u>1/4</u> ^{Days} hour
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Ma</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>none</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Michael Kennedy</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Catherine Kelly</u>			Mother's Birthplace <u>U.S.</u>		
Name of person giving information <u>William Kennedy</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>David W. Jones</u>
	Address <u>3118 O'Connell St</u>
Accident or Suicide? <u>—</u>	

Holy Cross Cemetery

Feb. 7th 1903

Germanus Franer

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes' Sanitarium</i> ^{Town} <i>Baltimore</i> ^{County}			
Date of death 1903 <i>February</i> ^{Month} <i>13</i> ^{Day} <i>37</i> ^{Years}	Age <i>37</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	
Married, Single or Widowed <i>Single</i>	Occupation		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nervous Exhaustion following on Typhoid fever.</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. A. Hyatt M.D.</i>
<i>No.</i>	Address <i>St Agnes' Sanitarium</i>
Accident or Suicide?	

J J Corvan
St Peters Cemetery

Name
in
Full

John Kern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dickeyville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Feb'y</i>	Day <i>6th</i>	Years <i>80</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mary Kern</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i> <i>92</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harold H. Monrois</i>
	Address <i>Dickeyville</i>
Accident or Suicide?	<i>Ind</i>



Willis Irving Keyser

Town

County

Died at

Phoenix

Palo

MARYLAND

Date 1903

Month

Feb

Day

27

Y.

M.

D.

Age

8-7-14

Native of

Mo

Occupation

School -

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's
Name

George B. Keyser

Mother's

Maiden Name

Virginia. Hark

Cause of

Primary

Rubrolo

How long sick

2 days

Death

Immediate

Acute Bright's Disease

~~Accident, Suicide, Homicide~~

Reported by

Dr. B. R. Barman

Address

Leachapville

Paul & Co. Mrs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

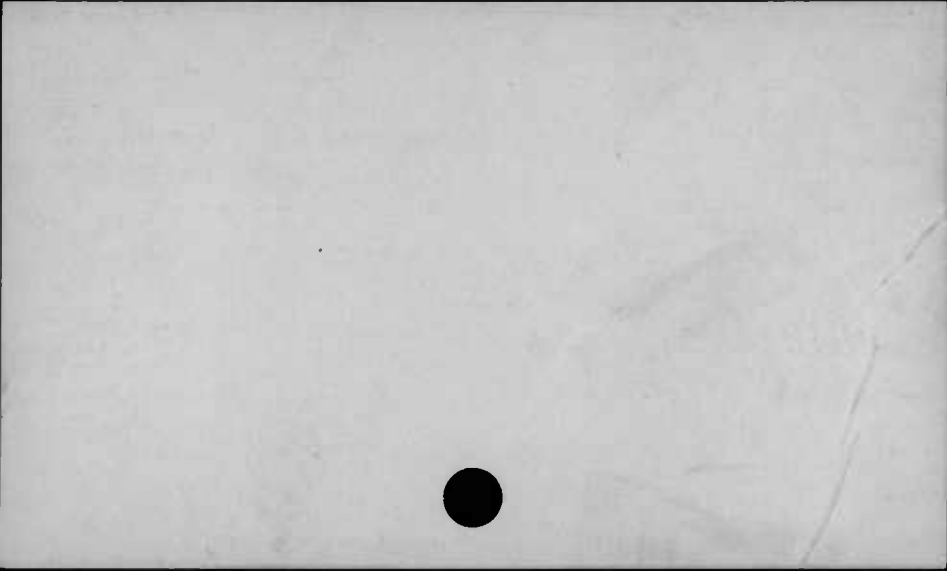


Name in Full

Certificate of Death

Henry Kleinhenrich
 Town Adams County Bald
 Died at Bald MARYLAND
 Date 1903 Month Feb. Day 16 Y. 31 D. Germany Native of Butcher Occupation
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widew ☐ Widower ☐ Divorced ☐ Number of children living 5
 Husband of Wife
 Father's Name Mother's Maiden Name
 Cause of Death { Primary Acute alcoholism Immediate Chronic Renewal Exhaustion How long sick 56
 Reported by Wm. R. R. M. D. Accident, Suicide, Homicide
 Address Adams Bald

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annice Knieriem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>24</u>	Age <u>22</u> Years	Months <u>2</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>housework</u>			
Name of Wife <u>Charles Knieriem</u> Husband					
Father's Name <u>Joseph Kiefer</u>			Father's Birthplace <u>Prussia</u>		
Mother's Maiden Name <u>Annice Boehm</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long
Immediate <u>Exhaustion</u>	How long <u>5 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. H. Williams M.D.</u>
	Address <u>26 N. Patterson Pk. Ave.</u>
Accident or Suicide? <u>No.</u>	

Mr. Samuel Bern
Hander Son.

Name
in
Full

CERTIFICATE OF DEATH

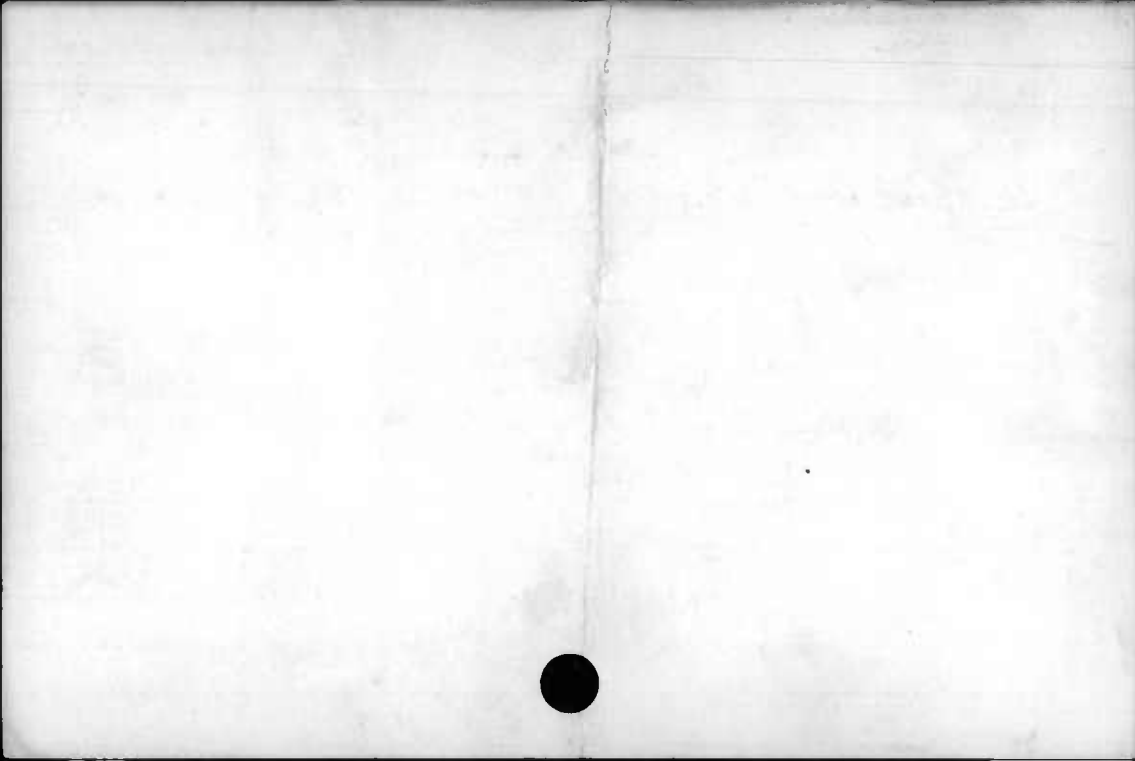
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		County <i>Balti</i>		MARYLAND	
Date of death 1903	Month 2	Day 27	Age 80	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>Casper Kroch</i>					
Father's Name			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Geo Otto</i>			How related to deceased <i>Grandson</i>		

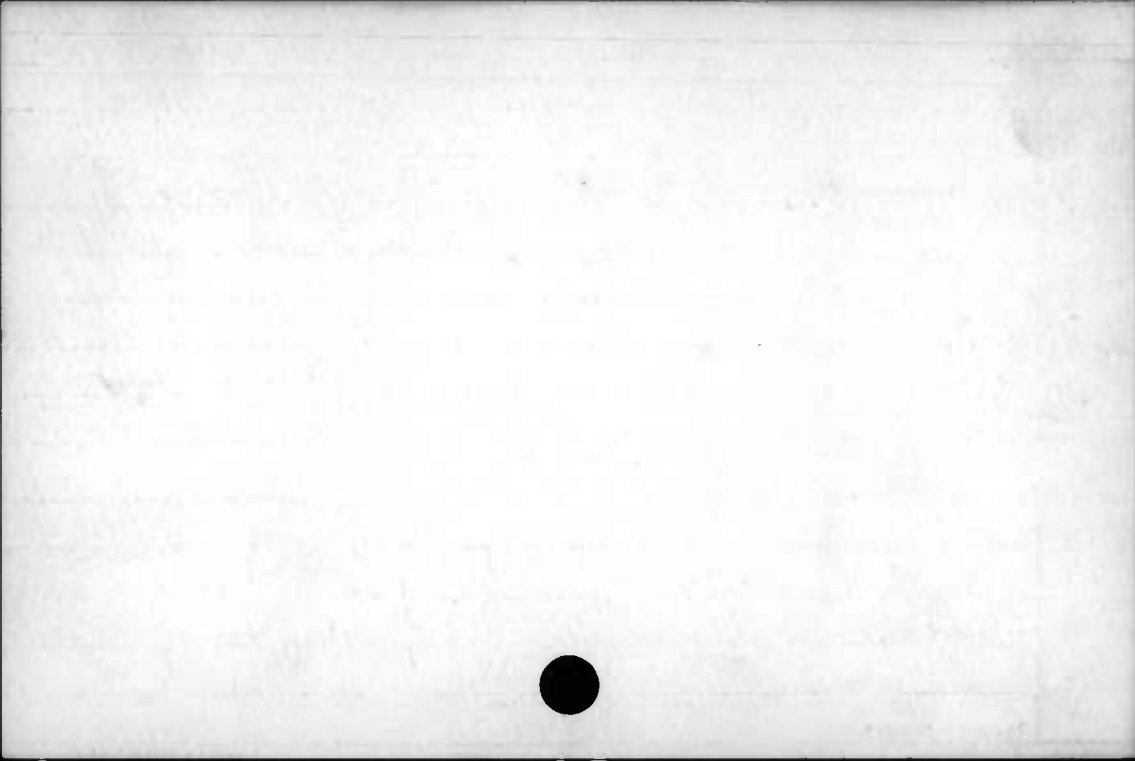
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>died ag 154</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm C. Crocker</i>
	Address <i>Gardenville md</i>
Accident or Suicide?	



Name in Full		Mary Lilly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		near Ellicott City		County Baltimore	
		Date of death 1903		Month Feb.	Day 10	Age 86	Years 9
		Sex Female		Color or Race White		Birth-place Ireland	
		Married, Single or Widowed		Widow		Occupation house duties	
		Name of Wife or Husband		Richard Lilly			
		Father's Name		John M. Bride		Father's Birthplace Ireland	
		Mother's Maiden Name		Sarah Gorman		Mother's Birthplace Ireland	
Name of person giving information		Martha E. Lafferty		How related to deceased		daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		old age				92	
		Immediate				How long	
		Pneumonia				6 days	
		Are the name, age, sex, color, date and place correctly given above?				Yes	
		Signature of Physician		B. J. Rogers			
		Address		Ellicott City, Md.			
		Accident or Suicide?					



Name in Full

Certificate of Death

Sarah A. Lodge

Town

County

Died at

Balto.

Balto.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 23

Age

82-7 24

Pa

Housewife.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Bronchitis Pneumonia.

Exhaustion. A.V.

How long sick

4 months.

~~Accident, Suicide, Homicide~~

Reported by

Address

Frank C. Eldred M.D.

Shannon's Bldg.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward A. McCallum

Town

County

Died at *Graustown**Baltimore* MARYLAND

Date *1903* *Feb* *12* Age *24* Native of *Maryland* Occupation *Clerk*
 Male *White* Married *Widow* *Divorced*
 Female *Colored* Single *Widower* Number of children living *2*

Husband of *Ella McCallum*

Father's Name *Jos. McCallum* Mother's Name *Julia McCallum*

Cause of *Primary Tuberculosis* How long sick *1 year*Death *Immediate Exhaustion* *27* Accident, Suicide, HomicideReported by *E. M. McCallum*Address *Graustown Md.*



Name
in
Full

Annie M Clelland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

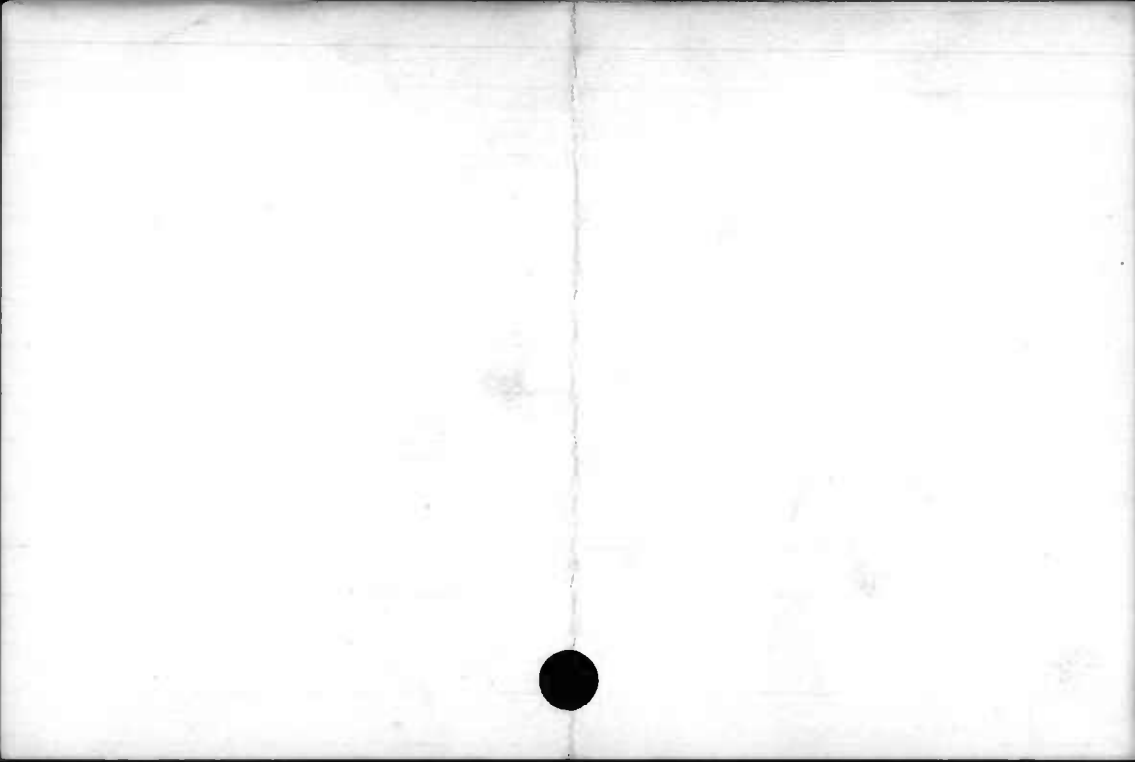
Died at		Town Highland		County Baltimore		MARYLAND	
Date of death 1903	Month July	Day 24	Age 24	Years	Months	Days	
Sex Female	Color or Race White		Birth- place Baltimore				
Married, Single or Widowed Widowed			Occupation				
Name of Wife or Husband John M Clelland							
Father's Name				Father's Birthplace			
Mother's Maiden Name Annie Altenberg				Mother's Birthplace			
Name of person giving Information Husband				How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonum	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. N. Pitzer	
Yes		Address 2 - Madison St	
Accident or Suicide?			



Name
in
Full

Mary Ann McDermott

CERTIFICATE OF DEATH

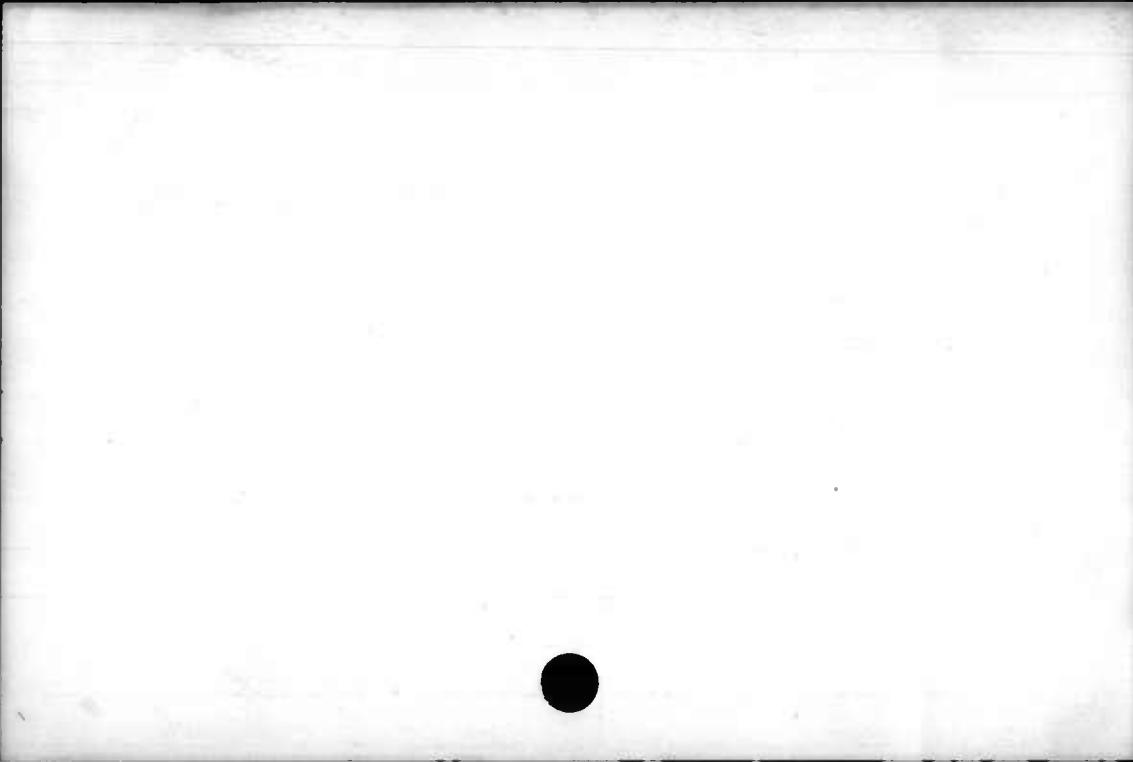
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodbury</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>Feb.</i> ^{Month}	<i>19th</i> ^{Day}	Age <i>64</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Indic</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>School Teacher</i>			
Name of Wife or Husband					
Father's Name <i>James McDermott</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Ann McDermott</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mr. Randolph Slade</i>		How related to deceased <i>No relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pernicious Anaemia</i>	How long <i>Three years</i>
Immediate <i>Exhaustion</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Slade</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Native of

Y. M. D.

Age

Married

Widow

Divorced

Number of children living

Widower

Single

Colored

Female

White

Male

Month

Day

County

Town

Philadelp

Balto

Lydia Madden

Chief

Maiden Name

Mother's

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Traumatic

Bacterial Meningitis

2 WEEKS

J. G. Mitchell

Verona

Balto Co.

M.D.



Name in Full

Certificate of Death

Carrie Mars

Died at ^{Town} Atollerton ^{County} Tall o MARYLANDDate 1903 ^{Month} Feb ^{Day} 27 | ^{Y.} 2 ^{M.} year ^{D.} nd | ^{Native of} md | ^{Occupation} -
^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced
^{Female} Female ^{Single} Single ^{Widower} Widower ^{Number of children living} 0

Husband of

Wife

Father's

Name

George Mary ^{Mother's} Augusta Hempstead
^{Maiden Name} Augusta

Cause of

Primary

Bronchial Pneumonia ^{How long sick} 3 weeks

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

E. V. ... MD Gov

Address

Rossville Me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

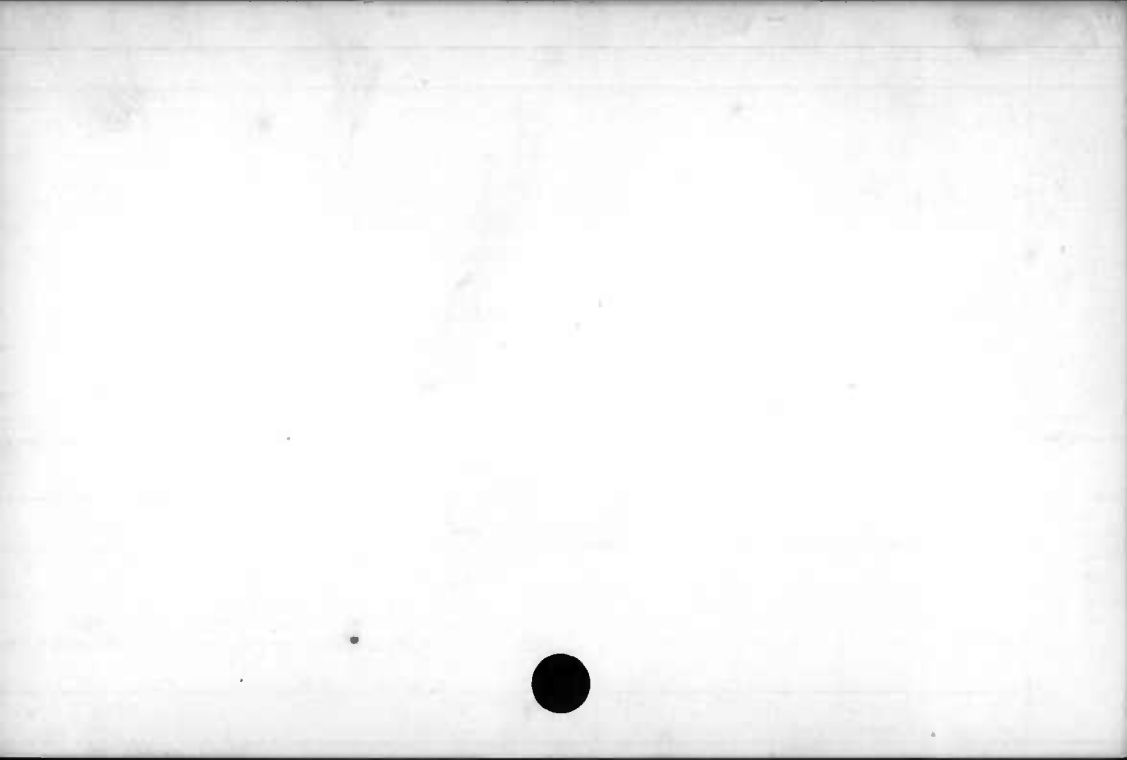
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leadensovte</i> ^{Town}		<i>Bullo</i> ^{County}		MARYLAND	
Date of death 1903	<i>Feb</i> ^{Month}	<i>9</i> ^{Day}	Age <i>39</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Domestic</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>8 years</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wray Wade</i>
	Address <i>Leadensovte</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

No Name - Infant

CERTIFICATE OF DEATH

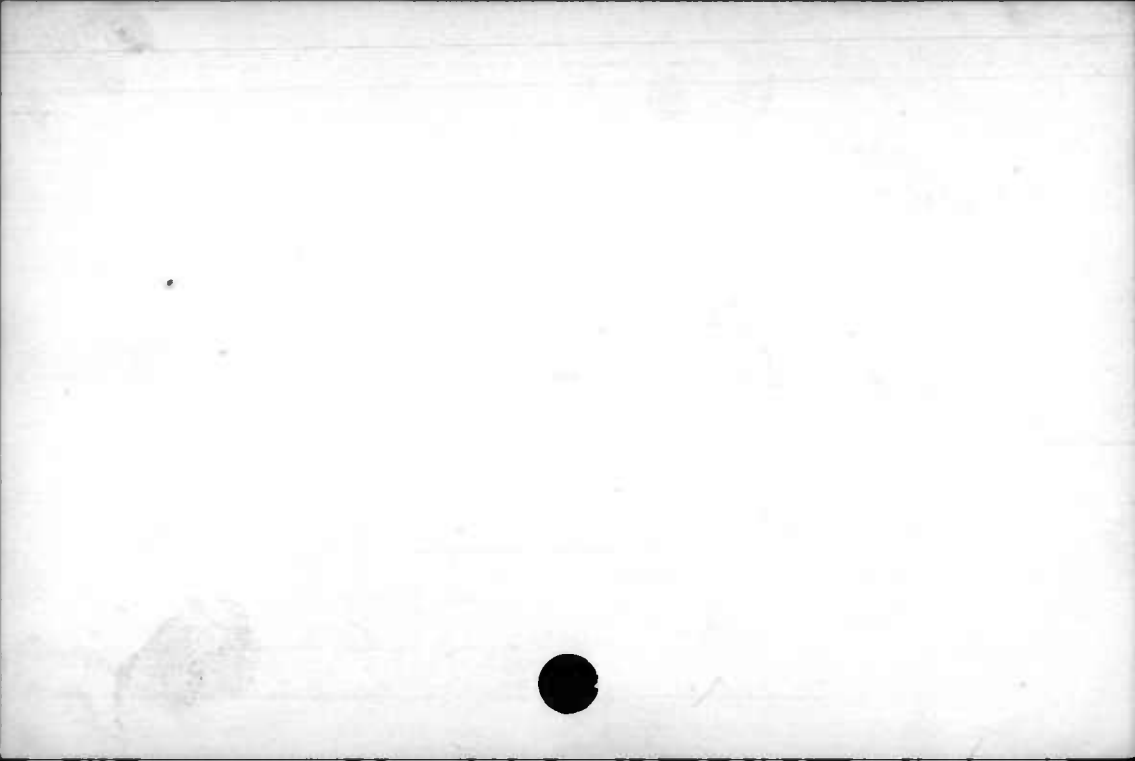
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Granite</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190	<u>7</u> Month	<u>8</u> Day	Age	<u>6</u> Months	<u>0</u> Days
Sex <u>Girl</u>	Color or Race <u>Black</u>		Birth-place <u>Granite</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Not Known</u>			Father's Birthplace		
Mother's Maiden Name <u>Grace Matthews</u>			Mother's Birthplace <u>Granite</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>6</u>	How long <u>4 Days</u>
Immediate <u>Pneumonia</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. J. Offutt</u>	Address <u>Granite Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

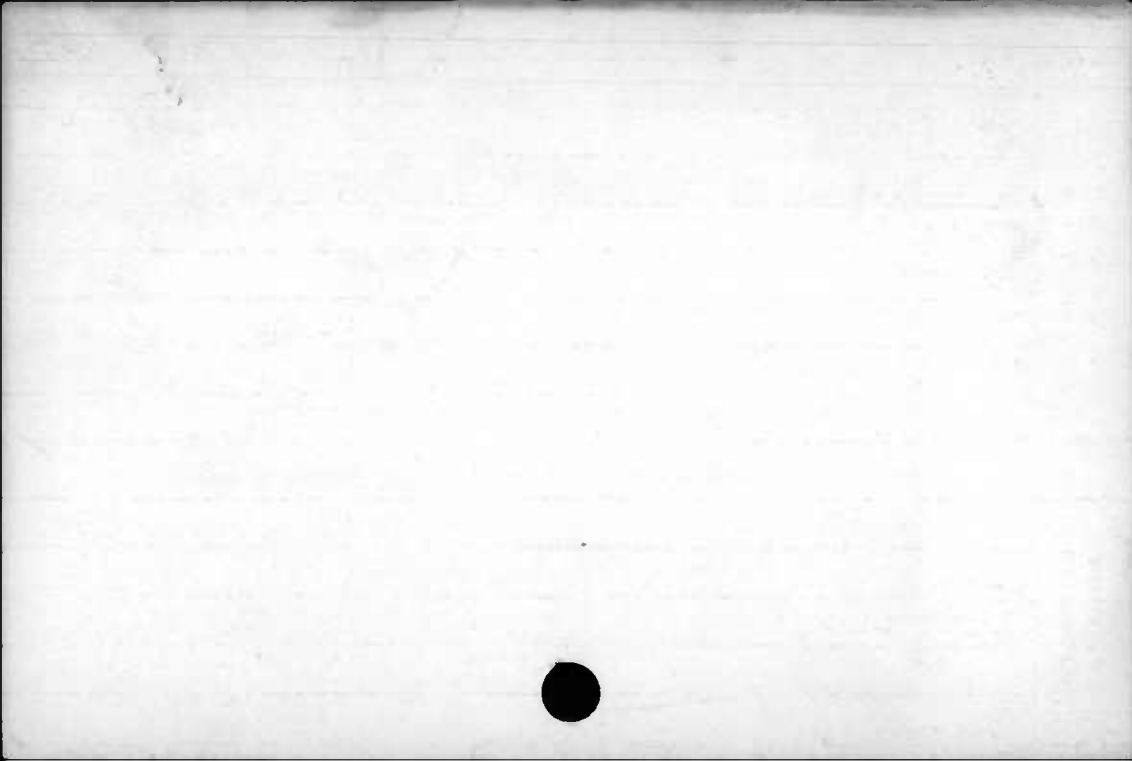
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gwynnbrook</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	3	Month	<i>Feb</i>	Day	20
Age	1	Years		Months	8
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birthplace	<i>Carroll Co.,</i>
Married, Single or Widowed	<i>X</i>	Occupation	<i>X</i>		
Name of Wife or Husband	<i>X</i>				
Father's Name	<i>Roland Medley</i>			Father's Birthplace	<i>Carroll Co Md</i>
Mother's Maiden Name	<i>Mabel Bone</i>			Mother's Birthplace	<i>Carroll Co Md</i>
Name of person giving information	<i>Mabel Bone</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ca Griffe</i>	How long	<i>10</i>	<i>Two weeks</i>
Immediate	<i>Died suddenly supposed to be Heart failure</i>		How long	<i>Found dead,</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Row Price</i>	
		Address	<i>Glyndon Md</i>	
Accident or Suicide?	<i>X</i>			



Name In Full

Certificate of Death

Waller Curntine Meluel

Town

County

Died at

Shepherd

Baltimore

MARYLAND

Date 19

03

Month

Oct

Day

18

Age

Y.

M.

D.

3

Native of

Md

Occupation

- -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Martin Meluel

Mother's

Julia Jackson

Name

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

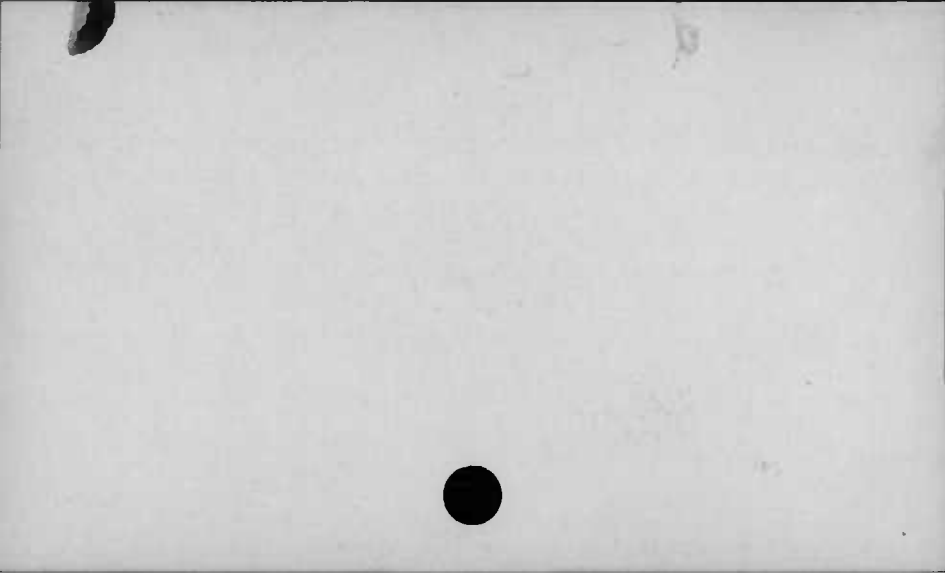
J. R. Payne

Address

Corbett Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

William Mengel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Staguen Sanatorium* *Beth.* ^{Town} ^{County}

MARYLAND

Date of death 190 *3* ^{Month} *February* ^{Day} *6* ^{Years} *43* ^{Months} ^{Days}Sex *male* Color or Race *white* Birth-place *Maryland*Married, Single
or Widowed *Single*Occupation *Hotel clerk.*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*

How long

Immediate *Exhaustion*

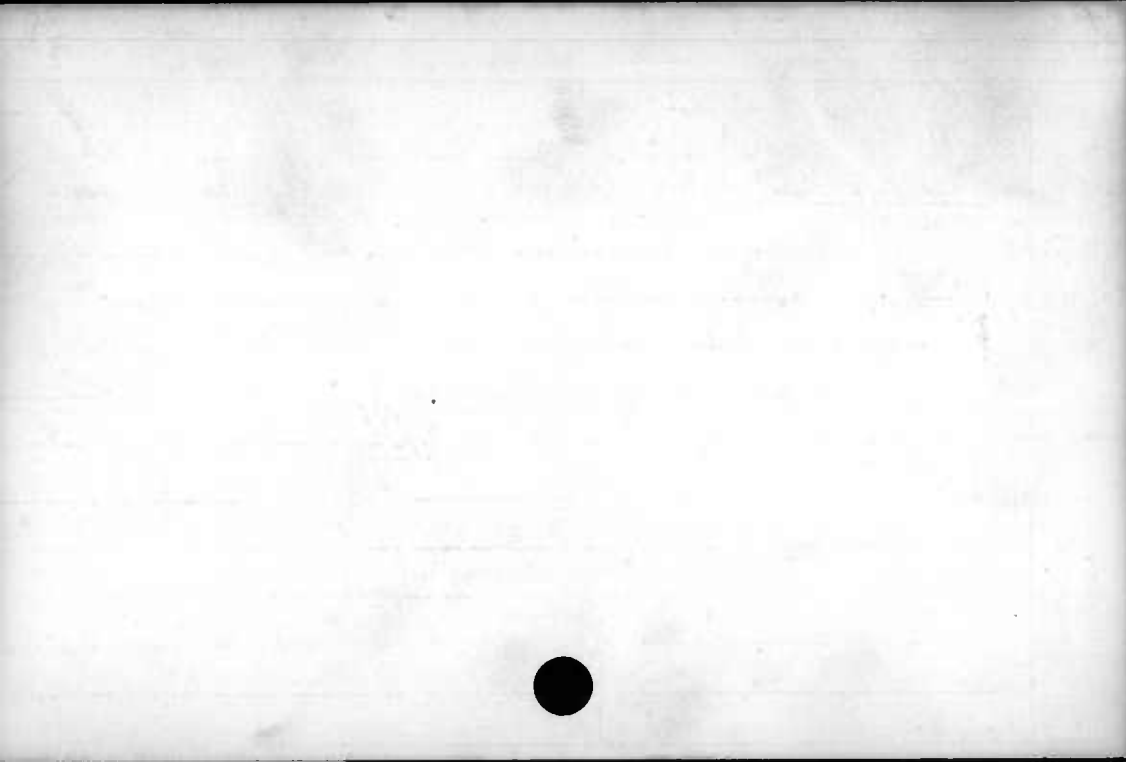
How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician

Address

Frederick M.D.
Staguen Sanatorium

Accident or Suicide?



Name in Full

Certificate of Death

John Milburn

Town

County

Died at

Chas

Barto

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 16

Age

60

Md

Farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Organic Heart disease

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

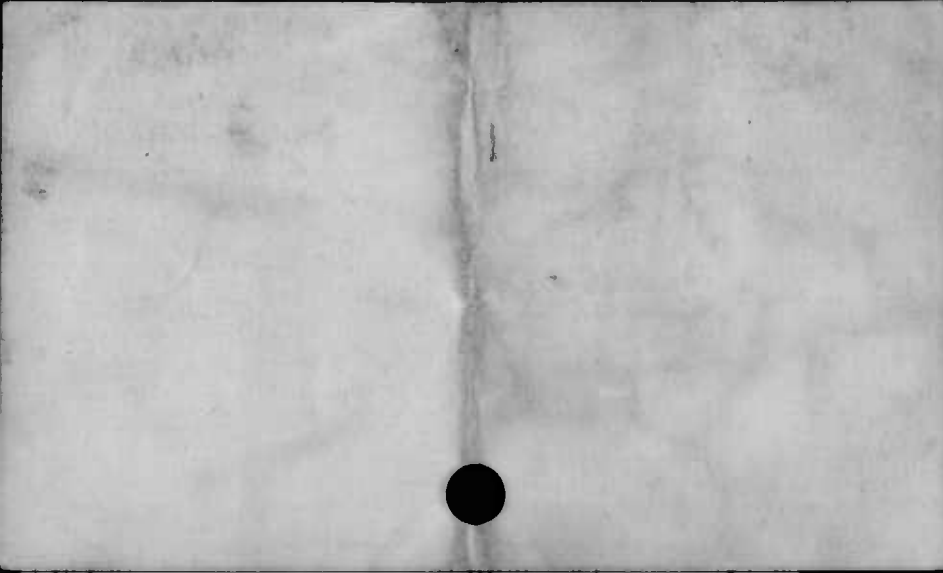
G. W. M. J.

Address

Baltimore, Md.

be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name
in
Full

Esther Mines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Walters</i>			^{County} <i>Baltimore</i>			MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>21</i>	Age Years —	Months —	Days <i>6</i>		
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth- place <i>md</i>				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name <i>Wm Mines</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Clementine Brown</i>				Mother's Birthplace <i>md</i>			
Name of person giving In formation <i>Wm Mines</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long <i>24 hrs</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John W. Hamlin Sec Off 150</i>
		Address <i>Middle River md</i>
Accident or Suicide? —		



Name in Full

Certificate of Death

Blanch E. Mitchell

Town

County

MARYLAND

Died at

Hannsville

Date 19

03

Month

Day

2 - 20

Y.

M.

D.

Age

23

Native of

Md

Occupation

Dry cleaner

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mr E Mitchell

Mother's

Maiden Name

Sarah E. Leake

Cause of

Primary

Congestion of Brain

Death

Immediate

Convulsion soon

How long sick

1 week

Accident, Suicide, Homicide

Reported by

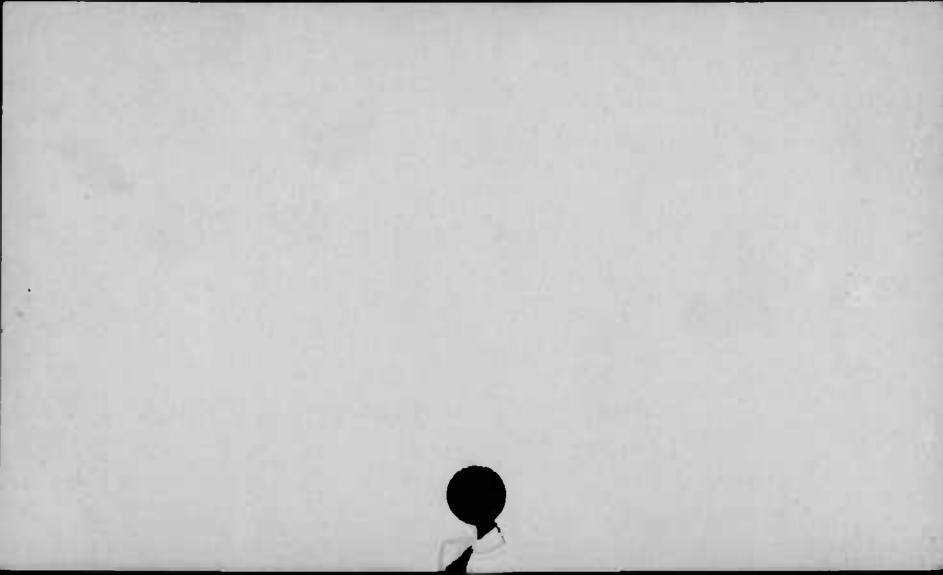
70

Mrs E. T. Bolt, Md,
2nd Dist. Balt. Co.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72223



Peter Moscario

Died at ^{Town} White Marsh ^{County} Baltimore MARYLAND

Date 19 13 ^{Month} 2 ^{Day} 11 ^{Y.} ^{M.} ^{D.} ^{Age} 60 ^{Native of} Italy ^{Occupation} Laborer

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Mother's
Maiden Name

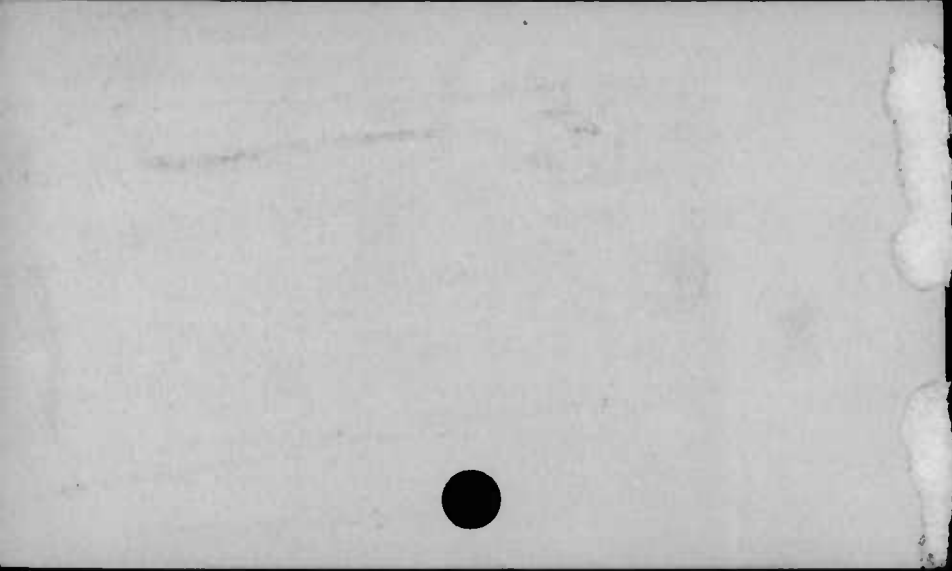
Cause of Death { Primary pneumonia How long sick 2 weeks

Death { Immediate Accident, Suicide, Homicide

Reported by Dr. Gilbert - Phys -

Address White Marsh Balto es Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna L. Mosh

CERTIFICATE OF DEATH

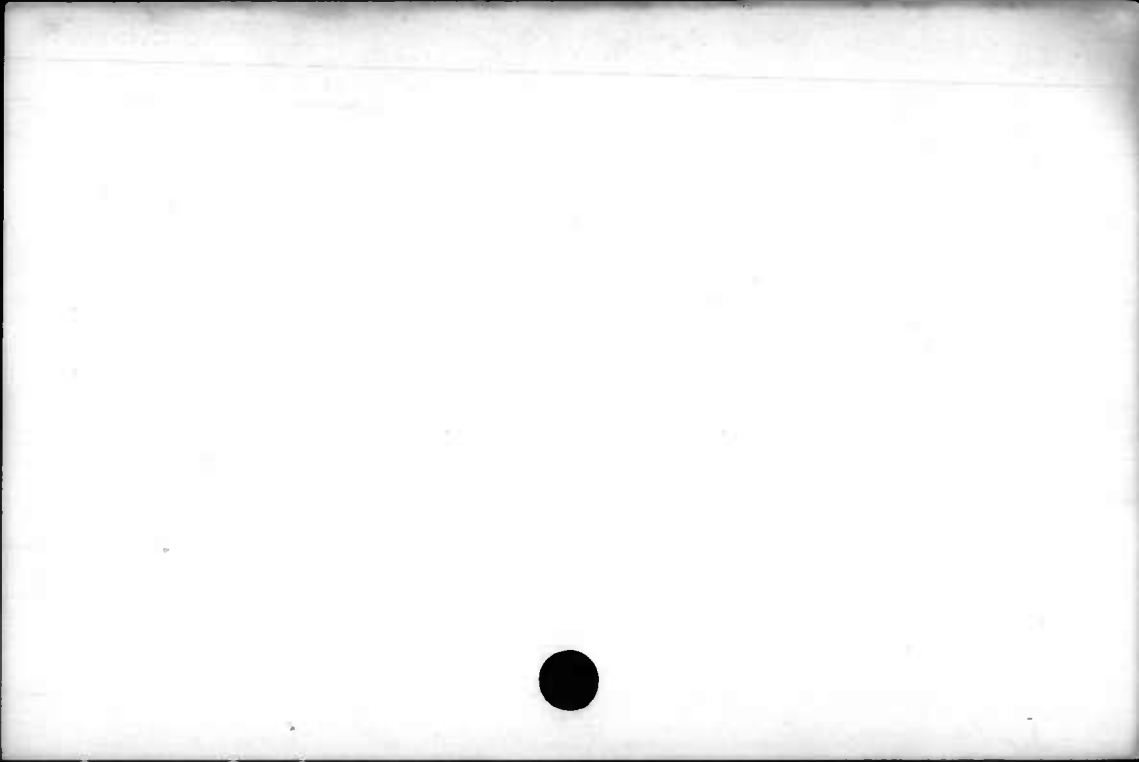
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> <small>Town</small>		<i>Baeto</i> <small>County</small>		MARYLAND	
Date of death	<i>3</i> <small>Month</small>	<i>Feb</i> <small>Day</small>	<i>9</i> <small>Year</small>	Age <i>X</i> <small>Years</small>	<i>16</i> <small>Months</small>
Sex <i>female</i>	Color or Race <i>white</i>		Birth place <i>Gardenville</i>		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Milton A. Mosh</i>			Father's Birthplace <i>Baeto</i>		
Mother's Maiden Name <i>Mary A. Kemp</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Milton A. Mosh</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Love</i>
<i>1</i>	Address <i>Gardenville</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Walter Mullaney</i>		Town <i>Halethorpe</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Halethorpe</i>		Date of death 1903		Month <i>21</i>		Day <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>17</i>		Years <i>17</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Office Boy</i>		Birth-place <i>Balt Md</i>		Months <i>—</i>	
Name of Wife or Husband <i>—</i>		Father's Name <i>James Mullaney</i>		Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Annis Mullaney</i>		Name of person giving information <i>Mother Annis Mullaney</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>	How long	<i>167</i>
Immediate	<i>Burned</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>James W. Miller</i>	
		Address <i>117 W. Main</i>	
Accident or Suicide? <i>Accident</i>		<i>Balt. Md</i>	

David McLean

Name In Full

James Elmer Murray

Certificate of Death

Died at Riverton Town Baltimore County MARYLAND

Date Aug 2 2 Month Day Year Age 14
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name William H Murray

Mother's Name Joe Murray

Cause of Death Primary Pneumonia

How long sick 23 days

Death Immediate Seizure

Accident, Suicide, Homicide

Reported by Franklin H. Dr. M.D.

Address Riverton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

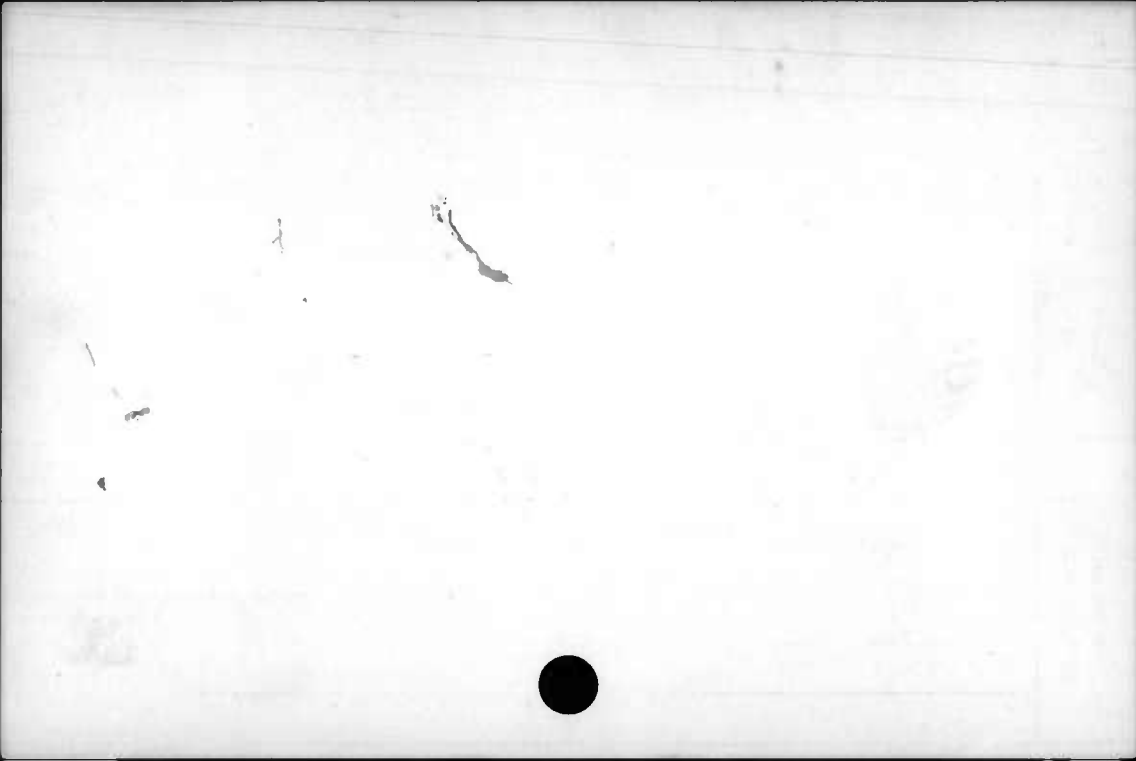
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth McNeil</i>		Town <i>St Agnes</i>		County <i>Dart</i>		State <i>MARYLAND</i>	
Died at		Date of death 190 <i>3</i>		Month <i>Febr.</i>		Day <i>15</i>	
Age <i>76</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>		Occupation	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Abdominal Tumor</i>	How long
Immediate	<i>Exhaustion & pressure working</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		Address <i>St Agnes, Maryland</i>
Accident or Suicide?		



Name
in
Full

Ada C. Purser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Awings Mills* Town *Baltimore* County *MARYLAND*

Date of death 190 *Feb* Month *Second* Day *24* Years *29* Months *29* Days

Sex *Female* Color or Race *White* Birth-place *Carroll Co.*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband

Father's Name *C. H. Purser* Father's Birthplace *Maryland*

Mother's Maiden Name *Dead* Mother's Birthplace

Name of person giving information *Frank Keating* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* *27* How long *Four or six years*

Immediate *Hemorrhage of lungs* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank Keating M.D.*

Address *Awings Mills*

Accident or Suicide? *May Lord*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Feb	25	Age 66.	Months	Days
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Constable	
Name of Wife or Husband		X					
Father's Name		X				Father's Birthplace	
Mother's Maiden Name		X				Mother's Birthplace	
Name of person giving information		X				How related to deceased	

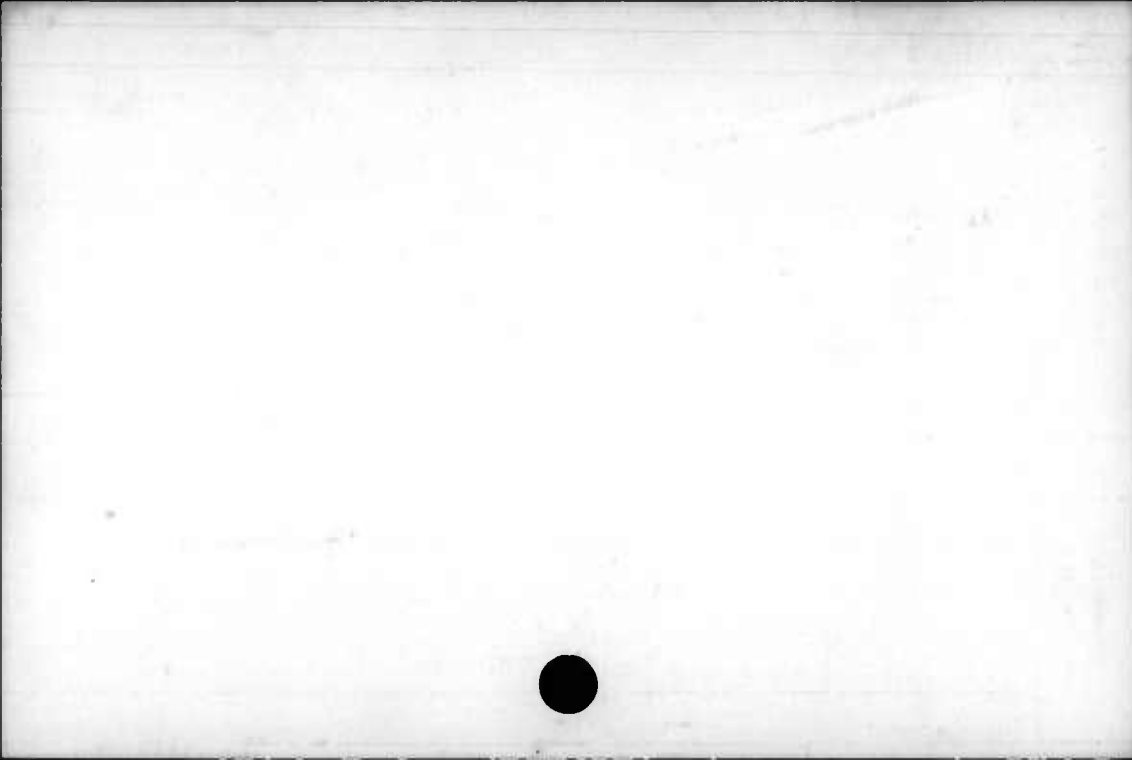
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia	How long	1 yr.
Immediate	Exhaustion	How long	1 year.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Accident or Suicide?		no.	

Signature of
Physician

Address



Name
in
Full

Cressie Mabel Estelle Parker.

CERTIFICATE OF DEATH

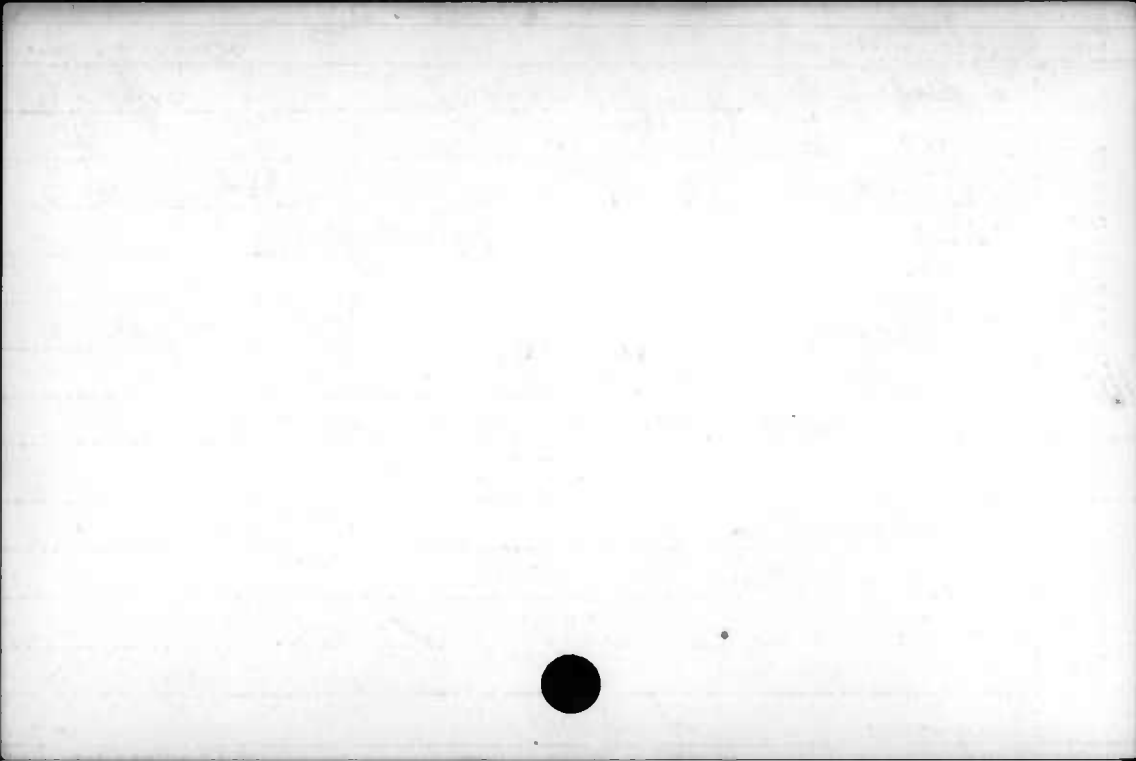
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonsdorne</u> <small>Town</small>		<u>Balt.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb.</u>	Day <u>21</u>	Age	Years	Months <u>3</u> Days <u>25</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balt. Md.</u>		Occupation <u>Infant</u>	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>John Parker.</u>			Father's Birthplace <u>Balt. Md.</u>		
Mother's Maiden Name <u>Annie Brown</u>			Mother's Birthplace <u>Balt. Md.</u>		
Name of person giving information <u>John Parker.</u>			How related to deceased <u>father.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Angustion of lungs</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frank H. Ruhl</u>
	Address <u>Lonsdorne, Md.</u>
Accident or Suicide?	



Name
in
Full

Mary Elizabeth Parker

CERTIFICATE OF DEATH

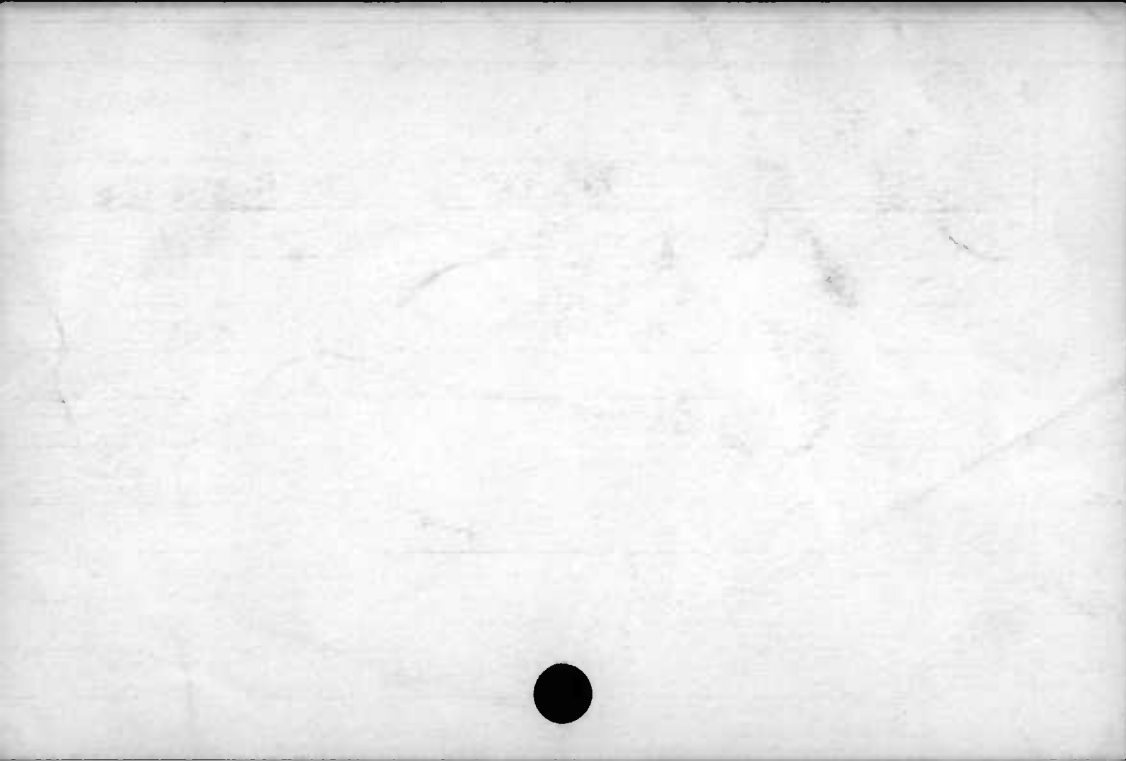
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
February		14 th	43	9	27		
Sex	Female	Color or Race	White	Birth-place	Springfield Pennsylvania		
Married, Single or Widowed	Widowed			Occupation	Housewife		
Name of Wife or Husband	William Parker						
Father's Name	Jacob Heise				Father's Birthplace	Shrewsbury Penna.	
Mother's Maiden Name	Louisa Ann Sechrist				Mother's Birthplace	Hopewell Penna.	
Name of person giving information	Mrs. Louisa Ann Heise				How related to deceased	Mother	

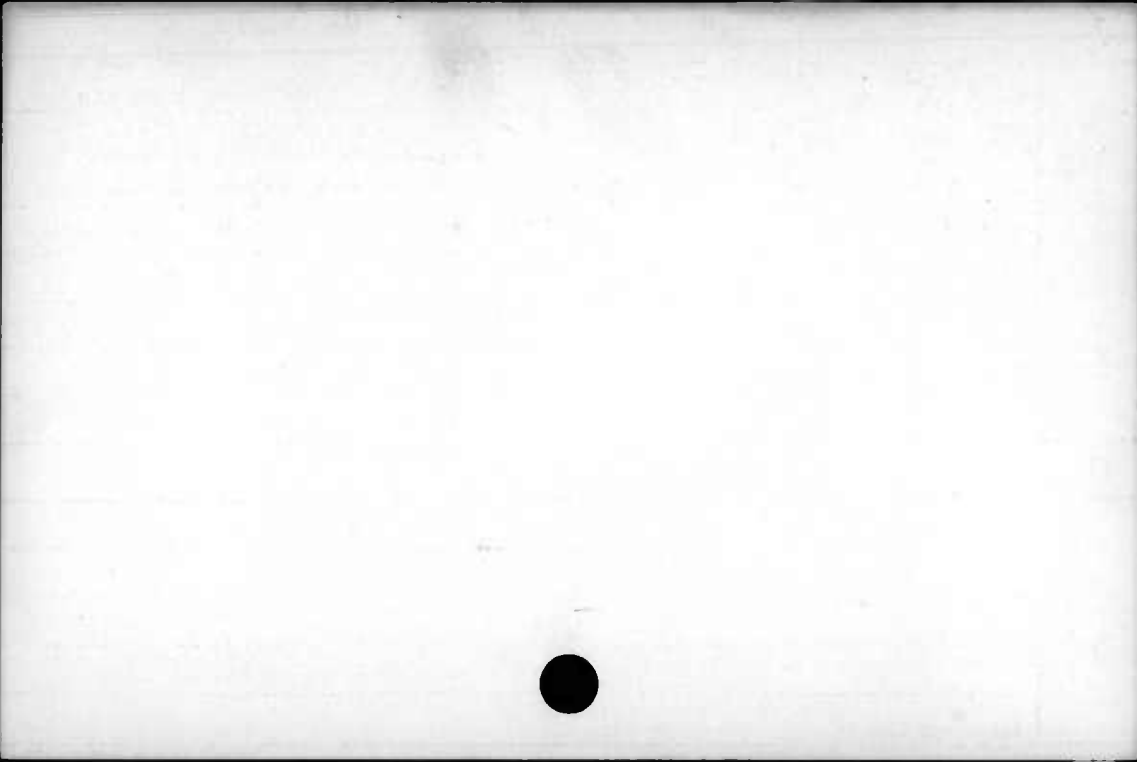
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Liver & Kidney trouble		How long	3
Immediate	Chronic Inflammation of Stomach		How long	About 3 Months
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Silas W. Hunter M.D.
	79		Address	Parkton P.O.
				Balto Co, Md
Accident or Suicide?	—			



Name in Full		Frank Parzynski.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shell road,		Baltimore		MARYLAND		
	Date of death	1903	Month	Feb	Day	9	Age	
						Years	57	
						Months		
						Days		
	Sex	Male		Color or Race	White		Birth-place	Germany
	Married, Single or Widowed	Married		Occupation	Farmer			
	Name of Wife or Husband	Mary Parzynski.						
TO BE ANSWERED BY NEAREST FRIEND	Father's Name	don't know				Father's Birthplace	Germany	
	Mother's Maiden Name	don't know.				Mother's Birthplace	" "	
	Name of person giving information	M. J. Sadanaka				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Natural causes				How long	179	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
	Yes				John G. Miller			
	Accident or Suicide?				Coroner			



Name
in
Full

Viola Myrtle Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hall for Consumption, Glen Ridge</i>		Town <i>Glen Ridge</i>		County <i>Essex</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>18</i>	Age <i>14</i>	Years <i>14</i>	Months <i>4</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>School girl</i>				
Name of Wife or Husband							
Father's Name <i>George W. Payne</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Surie Fitzpatrick</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Resident Physician of Glen Ridge</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank R. Rich</i>
	Address <i>Lucas</i>
Accident or Suicide?	



Name
in
Full

William Edgar Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Carm</i>		STATE MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>14</i>	Age <i>6 days</i>		Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>113 Elliott St</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>William Phillips</i>							
Father's Name <i>Elizabeth</i>				Father's Birthplace <i>America</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>America</i>			
Name of person giving Information <i>Father</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>		How long <i>151</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. L. L. L.</i>	Address <i>1114 Chapeau Road, N.Y.</i>
Accident or Suicide?			

William Phillips
Mt. Carmel Cemetery.

Name in Full

Certificate of Death

Ernest C. Pochlmann

Town

County

MARYLAND

Died at

Neck P.O.

Balto. Co.

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

Feb.

3

Age

30

Mt. Balto. Barber

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phthisis Pulmonaris

How long sick

Several months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Ligand J. Whiteford, M.D.

Address

Parkville, Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name
in
Full

Catherine Jane Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>74</i>	Months <i>10</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>st w</i>			
Name of Wife or Husband <i>Archibald J Porter</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mrs Porter</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>93</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hannon M.D.</i>
<i>md</i>	Address <i>Middle River Md</i>
Accident or Suicide?	



Name
in
Full

Lilly Price

CERTIFICATE OF DEATH

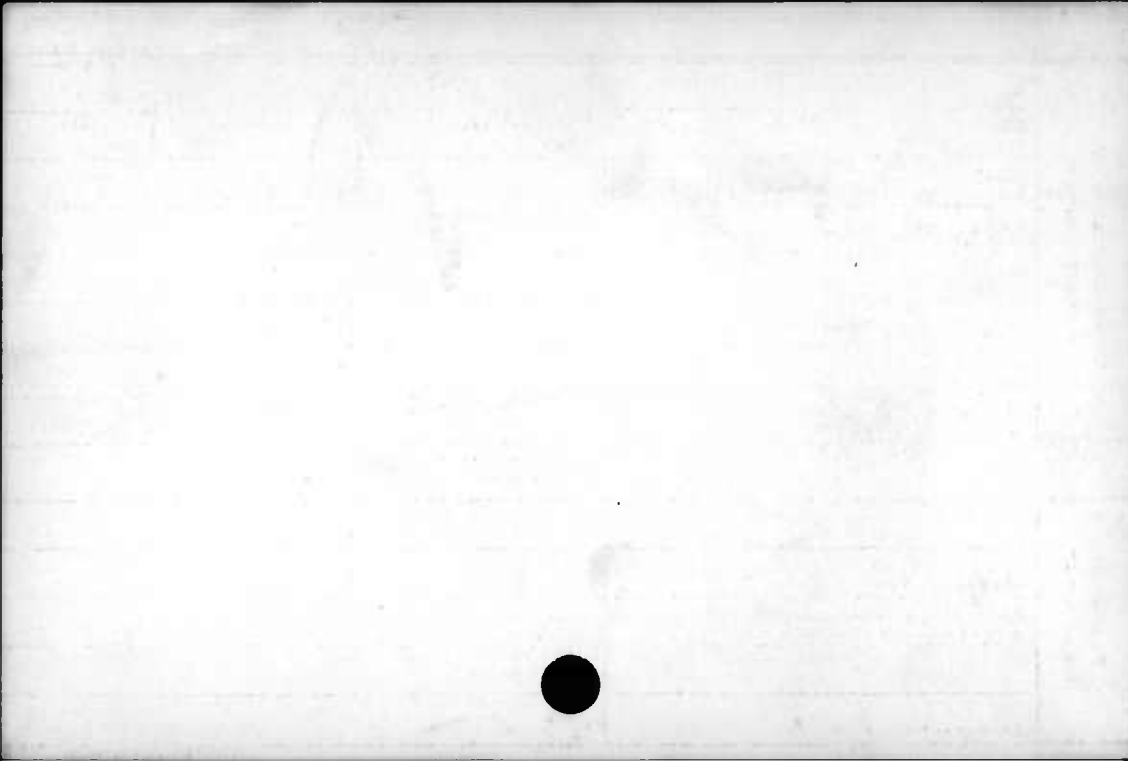
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>13</u>	Age <u> </u>	Months <u>4</u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Balto Co</u>			
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Herbert Banti's</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Kenora Price</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Kenora Price</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus 105</u>	How long	<u>Since Birth</u>
Immediate	<u>Commissions</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of <u>August W. Miller</u>	
<u>Yes</u>		Address <u>My Wierhaus</u>	
Accident or Suicide? <u> </u>		<u>Balto Co. Md</u>	



Mrs Rachel Price

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 10

Age

75: 5. 20

Md. Ca

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Debility. Apn

Pneumonia

How long sick

5 days

Accident, Suicide, Homicide

Reported by

Address

Dr. B. B. Bensen

Luckyville

Baldor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rebecca Jane Proctor

CERTIFICATE OF DEATH

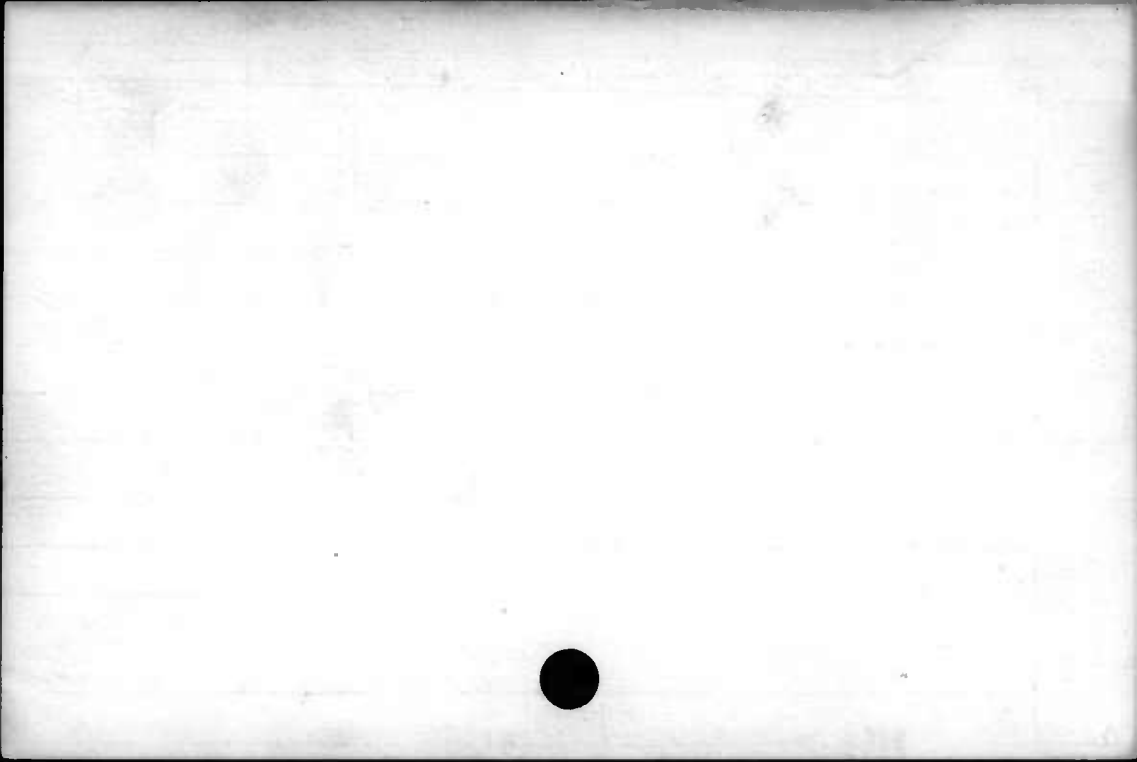
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loch Raven</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>25</i>	Age <i>78</i>	Months	<i>3</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Loch 11th Dis</i>		
Married, Single or Widowed			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>Robert Shaw</i>			Father's Birthplace <i>Loch 11th Dis</i>		
Mother's Maiden Name <i>Mary Anderson</i>			Mother's Birthplace <i>Loch 11th Dis</i>		
Name of person giving information <i>Edith Ellice Francis</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo F. Conn</i>
	Address <i>Gardenville Ind</i>
Accident or Suicide? <i>no</i>	



Name in Full

Certificate of Death

Daniel Ramsey

Town

County

Died at

Spencer Point

Belts

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 22

Age

25

Va

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Daniel Ramsey

Maiden Name

Annula Graves

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Eldred M.D.

Address

Spencer Point.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John T Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balt		MARYLAND	
Date of death 190	3	Month 2	Day 15	Age	Years	Months	Days 14
Sex M		Color or Race Black		Birth- place Md			
Married, Single Widow				Occupation None			
Name of Wife or Husband							
Father's Name Wm Reed				Father's Birthplace Va			
Mother's Maiden Name Eliza Reed				Mother's Birthplace Va			
Name of person giving In formation Parent				How related to deceased Parent			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	Life
Immediate	Exhaustion	How long	Life
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		David W. Jones M.D.	
		Address 3118 Donnell St	
Accident or Suicide?			

E. Ryan

Name
in
Full

Richmond Rachel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accident	How long
Immediate	Drowning	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	
Accident or Suicide?		

Western Cemetery

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Mary Ann Rigney

Town

County

MARYLAND

Died at Washington

Y. M. D.

Native of

Occupation

Date 1903 July 21

Age 80.

Ireland Dr. Mary

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Senectus.
Asthma
William J. Todd

How long sick

3 mrs

~~Accident, Suicide, Homicide~~

142

Name in Full

Certificate of Death

Henry H. Rodde

Town

County

Baltimore

MARYLAND

Died at 5.30 P.M.

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Feb.	17	Age	44		Balt. Co	Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	Five

Husband of Mrs. Rodde

Wife

Father's

Mother's

Name

Name

113

Cause of Death	Primary	Immediate	How long sick
	Chronic indigestion	Biliary calculi	Three mo
			Accident, Suicide, Homicide

Reported by Dr. G. Runk G.D.

Address

2050 E. Balt. Dr.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. 1st German Cem

of Feb 20 1903

Seen by Coroner Wm Nicolaus & son

of 1820 Canton Ave

Information contained in this certificate received

from _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

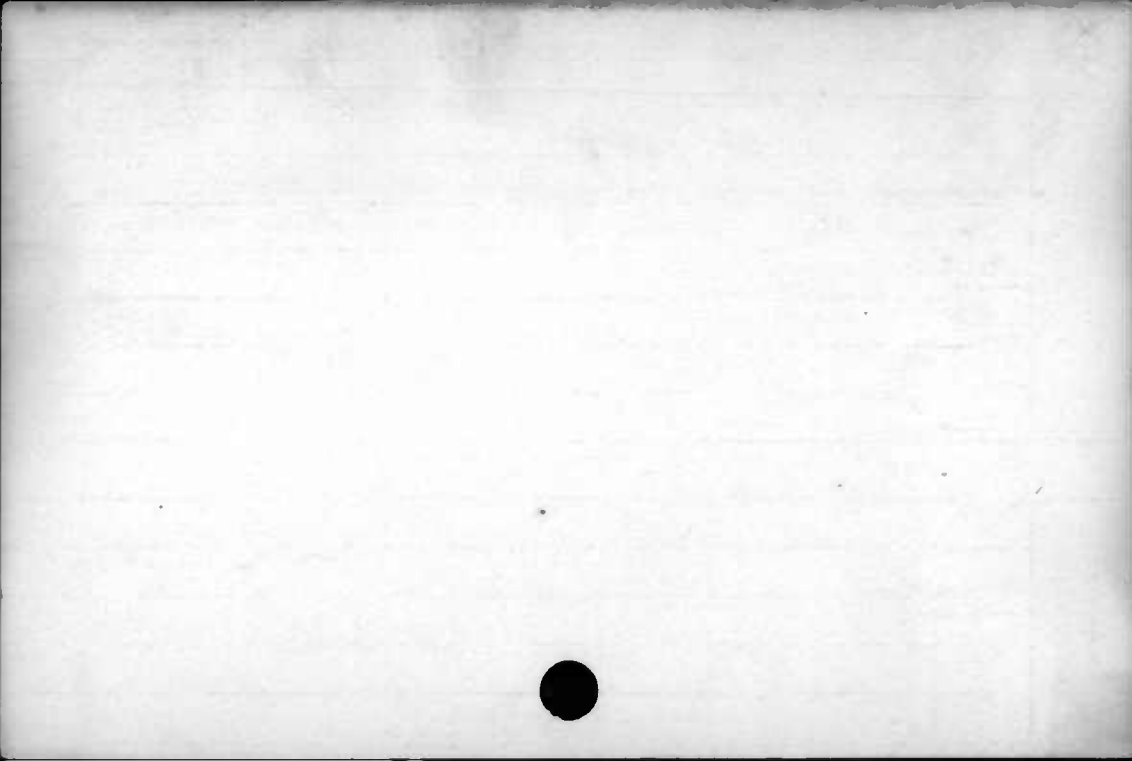
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob F. Ruff		Town near Onnigs Mills		County Balto		MARYLAND	
Died at near Onnigs Mills		Month Feb		Day 15		Age 75	
Date of death 190 3		Months		Days			
Sex male		Color or Race white		Birth-place Germany			
Married, Single or Widowed married		Occupation wheelwright					
Name of Wife Constance Beck							
Father's Name Jacob Ruff		Father's Birthplace Germany					
Mother's Maiden Name - Don't know		Mother's Birthplace					
Name of person giving information Mary Shelley		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease	How long about 4 weeks
Immediate Neuralgia of the Heart	How long about one month
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr. H. H. Campbell, M.D.
	Address 6 Onnigs Mills
Accident or Suicide?	Ind



Name In Full

Certificate of Death

W. Harry Sagle

Town

County

Died at Govanstown Balto

MARYLAND

Date 1903 Feb 8 Month Day Y. M. D. Age 4 6 12 Native of Ind Occupation child

Male White ~~Married~~ Widow ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of child en living

Husband
of
Wife

Father's Name Wilmer B Sagle. Mother's Name Margaret Maria Gardiner
 Maiden Name Margaret Maria Gardiner

Cause of Measles.Death Immediate Aneromonia.How long sick
9 days~~Accident, Suicide, Homicide~~Reported by H. C. Hesse IndAddress Star H (Govans) Balto, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full *Mrs Minnie Sands*
 Died at *Mt Washington* ^{Town} *Baltimore* ^{County} *MARYLAND*
 Date 19 *03* ^{Month} *July* ^{Day} *22* ^{Y.} *19* ^{M.} *6* ^{D.} *7* ^{Native of} *Penna* ^{Occupation} *housewife*
~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} *0*
 Husband of *Wm O Sands Jr*
 Wife *John Binterluter* ^{Mother's} *Clornia Smith* ^{Mother's}
 Name *John Binterluter* ^{Mother's} *Clornia Smith* ^{Mother's}
 Cause of ^{Primary} *Chagena Breava Contrab* ^{How long sick} *6 hrs*
 Death ^{Immediate} *hemorrhage* ^{Accident, Suicide, Homicide}
 Reported by *William J Ford*
 Address *Mt Washington*



Name in Full

Certificate of Death

Infant of H. B. & Minnie Sands

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 22

Age

Shiloh

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

H. B. Sands & Minnie Hunter-Sanders

Cause of

Primary

Placenta Praevia of mother

Death

Immediate

T. prolapsed cord.

How long sick

Accident, Suicide, Homicide

Reported by

Address

William J. Todd
Mt Washington, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Isabella Scott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Back River		Neck		Baltimore Co	
		Date of death 1903		Month		Day	
		Feb		7		23 Years	
		Age		9		Months	
		27 Days					
		Sex		Female		Color or Race	
Married, Single or Widowed		Married		Occupation		House work	
Name of Wife or Husband		Isabella Scott					
Father's Name		John H. Smith				Father's Birthplace	
Middle River		Mother's Maiden Name		Mary A. Russell			
Back River		Name of person giving information		(Mother) Mary A. Smith			
How related to deceased		by Birth					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Consumption		How long	
		27		last illness		Jan 18-1903	
		Immediate		Heavy Cold of Lungs Hemorrhage		How long	
		Feb 7-1903					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. G. W. Kennard	
				Address		708 Ensor St	
Accident or Suicide?		no		Balto. Maryland			

Mrs Brown

Back River.

Name in Full

Certificate of Death

Joseph Lee Scott
 Town Catonsville County Baltimore Co. MARYLAND
 Died at
 Date 1913 2 17 Y. M. D. 7 8 Native of Md Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 7

Husband of

Wife

Father's Name

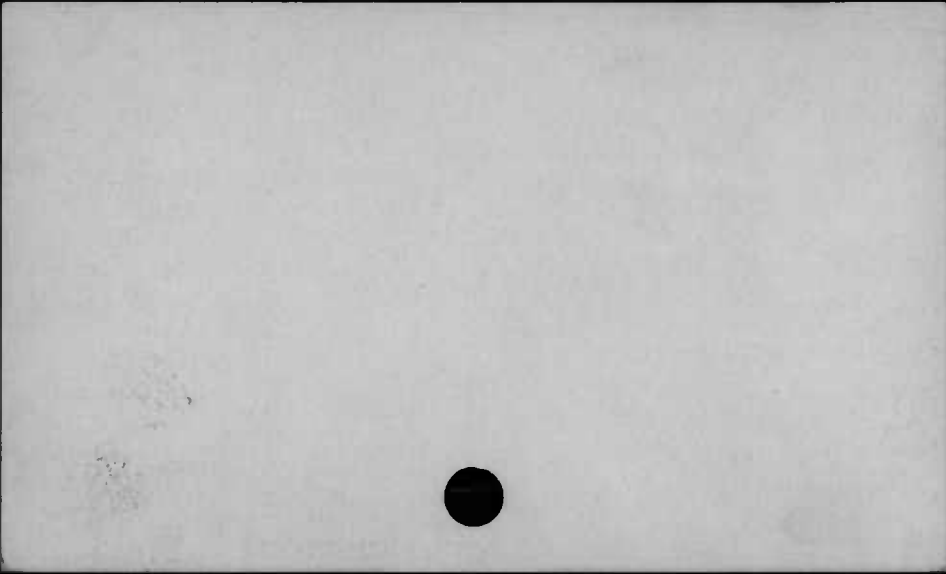
Mother's Name

John Scott Catharine Smith
 Cause of Death { Primary Capillary Bronchitis Immediate
 How long sick 3 weeks
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

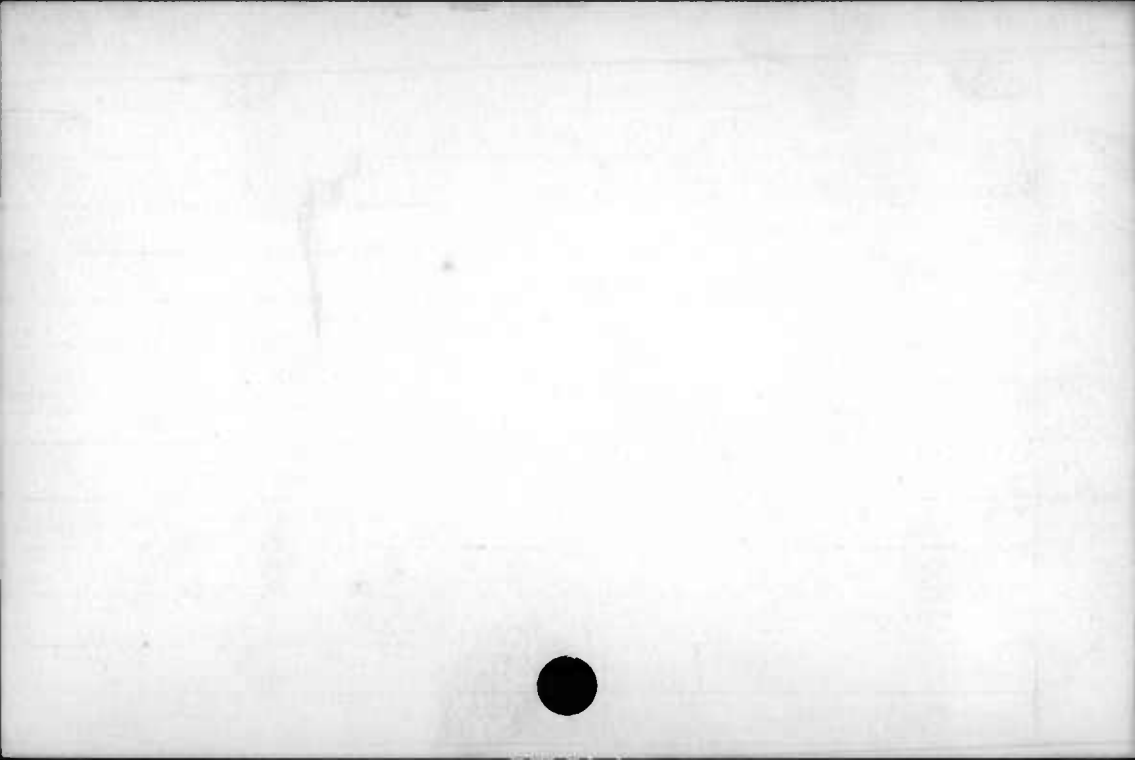
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgiana Sexton</i>		Town <i>Catawissa Avenue</i>		County <i>Bolton</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Feb.</i>		Day <i>23</i>	
Age <i>28</i>		Years <i>28</i>		Months <i>5</i>		Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Bolton</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>					
Name of Wife or Husband							
Father's Name <i>H B Sexton</i>		Father's Birthplace <i>Boston</i>					
Mother's Maiden Name <i>Elizabeth Humbling</i>		Mother's Birthplace <i>Maine</i>					
Name of person giving information <i>H B Sexton</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>three weeks</i>
Immediate <i>Typhoid Fever intestinal hemorrhage</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>El R Ridge Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Edith S. Slater

CERTIFICATE OF DEATH

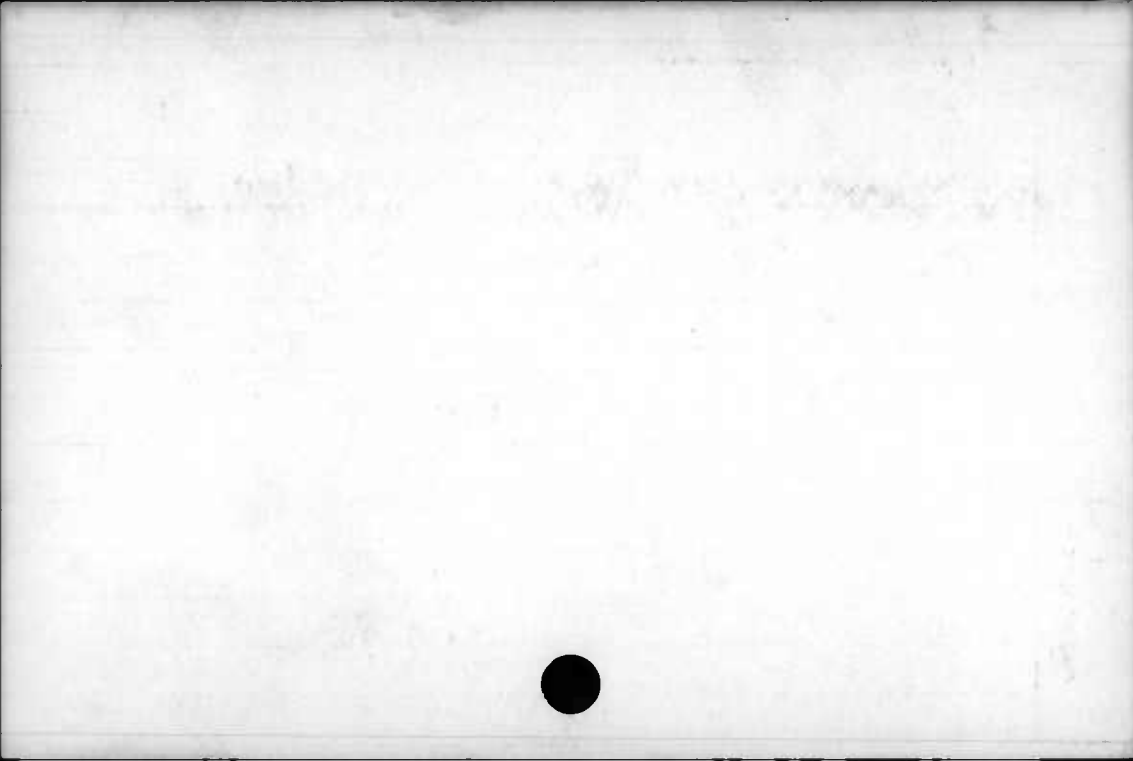
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calverton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>21</i>	Years <i>50</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>D.C.</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>E. C. Slater.</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>— Harris.</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Alfred Gundry M.D.</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia.</i>	How long <i>6 mos.</i>
Immediate <i>Strangulation.</i>	How long <i>68 Alfred Gundry M.D.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. L. Mautzfeldt M.D.</i>
<i>Henry B. Whitney</i>	Address <i>Health Officer</i>
Accident or Suicide? <i>Coroner</i>	<i>Calverton Md</i>



Name in Full		John Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Balt. Co		County		MARYLAND
	Date of death 1903	Month 2	Day 28	Age 48	Years	Months	Days
	Sex Male	Color or Race negro		Birth-place Md.			
	Married, Single Or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate Dependent				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Dr. Thos. C. Bussey		
					Address Texas Md.		
Accident or Suicide?							



Name in Full

Certificate of Death

Lucy Spriddle

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

3 2 8

Age

60

Washburn

Washburn

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Bronchitis

Death

Immediate

Exhaustion

How long sick

90

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Died at

Harry E. Stewart
 Town County

Corbett Blanes

Baltimore

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 21

Age 22

MD

Farmer

Male

White

~~Marr~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Joseph Stewart

Maiden Name

Elizabeth Turnbaugh

Cause of

Primary

Typhoid Fever

How long sick

2 weeks

Death

Immediate

Cardiac Arrhythmia

Accident, Suicide, Homicide

Reported by

J.R. Payne MD

Address

Corbett Me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

Ernest Stumpka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		Town		<i>Balto</i>		County	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>3</i>	Years <i>10</i>	Age	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Md</i>				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Ernest Stumpka</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lora</i>				Mother's Birthplace <i>" "</i>			
Name of person giving In formation <i>Ernest Stumpka</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long <i>4 Weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>F. W. Schuessler</i>
		Address <i>103 S Canton St</i>
Accident or Suicide?		

J Henry & Son
2008 Orleans St

Ch. Mathews
Cem.

Name
in
Full

Geo. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Balto Co. Almshouse*

County

MARYLAND

Date

of death 1903

Month

2

Day

7

Years

Age

67

Months

Days

Sex

Male

Color or
Race

Negro

Birth-
place

Balto. Co.

Married, Single
or Widowed

Widower

Occupation

Hostler

Name of Wife or
Husband

George Thompson

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Mrs. Alice Gasaway

How related
to deceased

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart Disease

How long

about 2 years

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

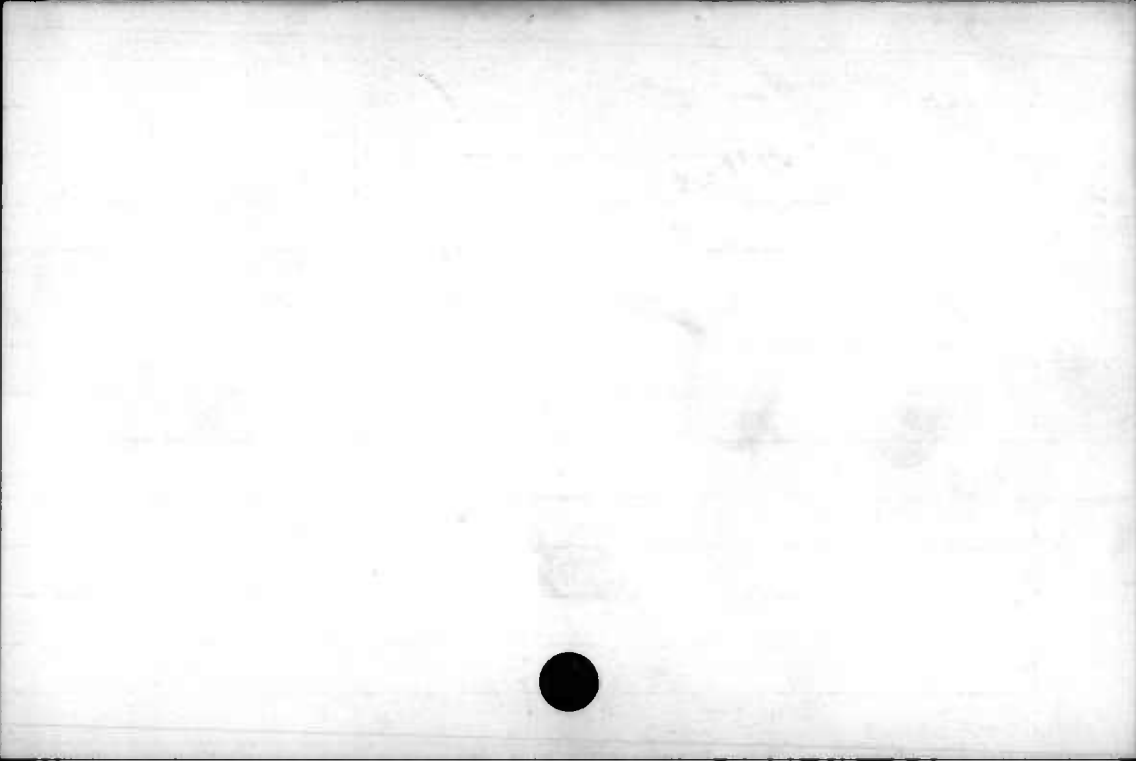
Phos. C. Busby

Address

Texas

Md.

Accident or Suicide?



Name in Full

Certificate of Death

Rennie Tapp

Town

County

Died at

Spencer Point

Balto.

MARYLAND

Date 1903

Month Day
Feb. 20

Age

Y. M. D.
- 11 -

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Geo. A. Tapp

Mother's

Maiden Name

Mary V. Barchsdale

Cause of

Primary

Bronchitis 90
Exhaustion

How long sick

Two months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Eldred M.D.
Spencer Point

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Cora Van Dyke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

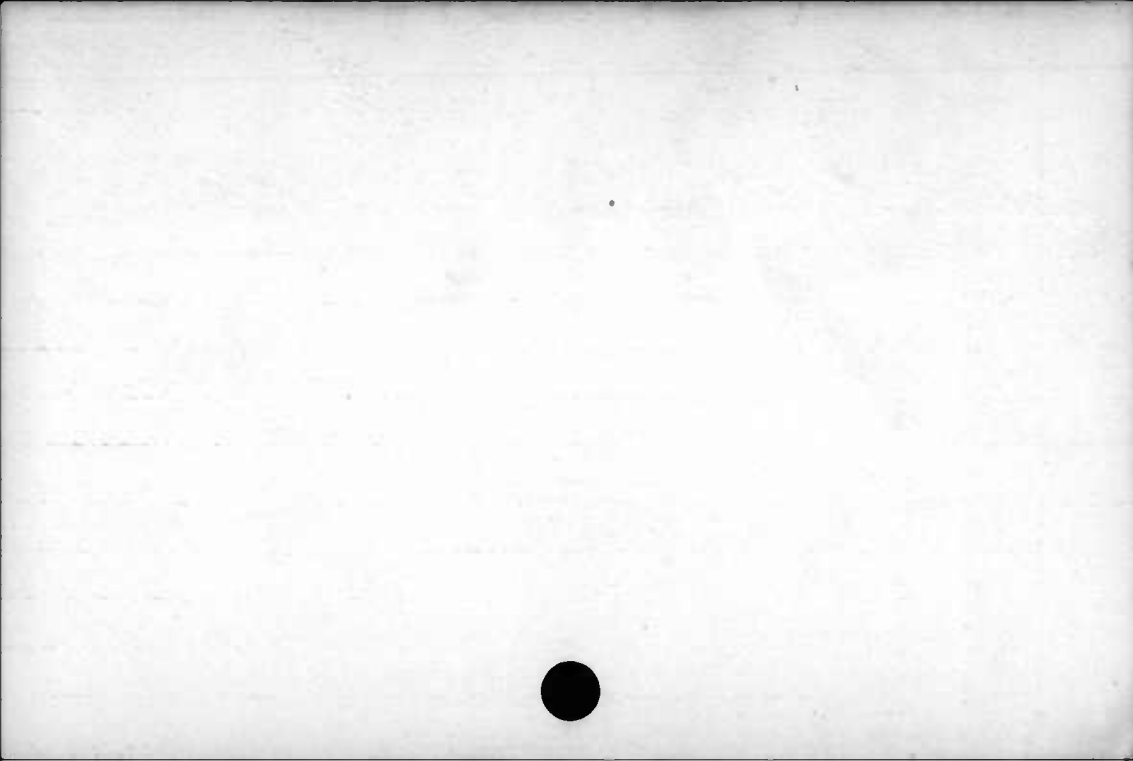
MARYLAND

Died at <i>Mt Hope Retreat</i>		Town <i>Balto</i>		County	
Date of death 1903	Month <i>Feb -</i>	Day <i>22nd</i>	Years <i>Age 29</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md -</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Saleslady -</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mania Acute Lesion of Brain</i>	How long	<i>2 1/2 years</i>
Immediate	<i>Causing Epilepsy - Jacksonian Type -</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Frank J. Flannery</i>	
		Address	
		<i>Mt Hope Retreat</i>	
		<i>Md -</i>	
Accident or Suicide?			



Name
in
Full

Florence Edna Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Feb		28	3	2	9		
Sex	Female		Color or Race	white -		Birth-place	Baltimore, Md.
Married, Single or Widowed	Single		Occupation	Infant			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Harry A. Wade				Balt. Co. Md.			
Mother's Maiden Name				Mother's Birthplace			
Carrie M. Dogge				Balt. Co. Md.			
Name of person giving information				How related to deceased			
Carrie M. Wade				Mother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long	10 days
Immediate	Metastatic Parotiditis & Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Frank N. Pohl M.D.	
		Address	
		Lansdowne, Md.	
Resident or Supt. H. 2			

Ph. J. Drille. & Sons

Name
in
Full

Maurice Franklin Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died in ^{Town} Sixth District		^{County} Baltimore		MARYLAND	
Date of death 1903	Month Feb.	Day 11	Age —	Months —	Days 18
Sex Male	Color or Race white	Birth-place Maryland			
Married, Single or Widowed	Infant		Occupation —		
Name of Wife or Husband					
Father's Name Charles H. Walker			Father's Birthplace Penna.		
Mother's Maiden Name Cora E. Meyers			Mother's Birthplace Balt. Co. Md.		
Name of person giving information Charles H. Walker			How related to deceased Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	From birth
Immediate	Not known.	How long	15
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Jas. L. Fagle.	
Address		New Freedom Pa.	
Accident or Suicide?			



Name
in
Full

Earl Wallace

CERTIFICATE OF DEATH

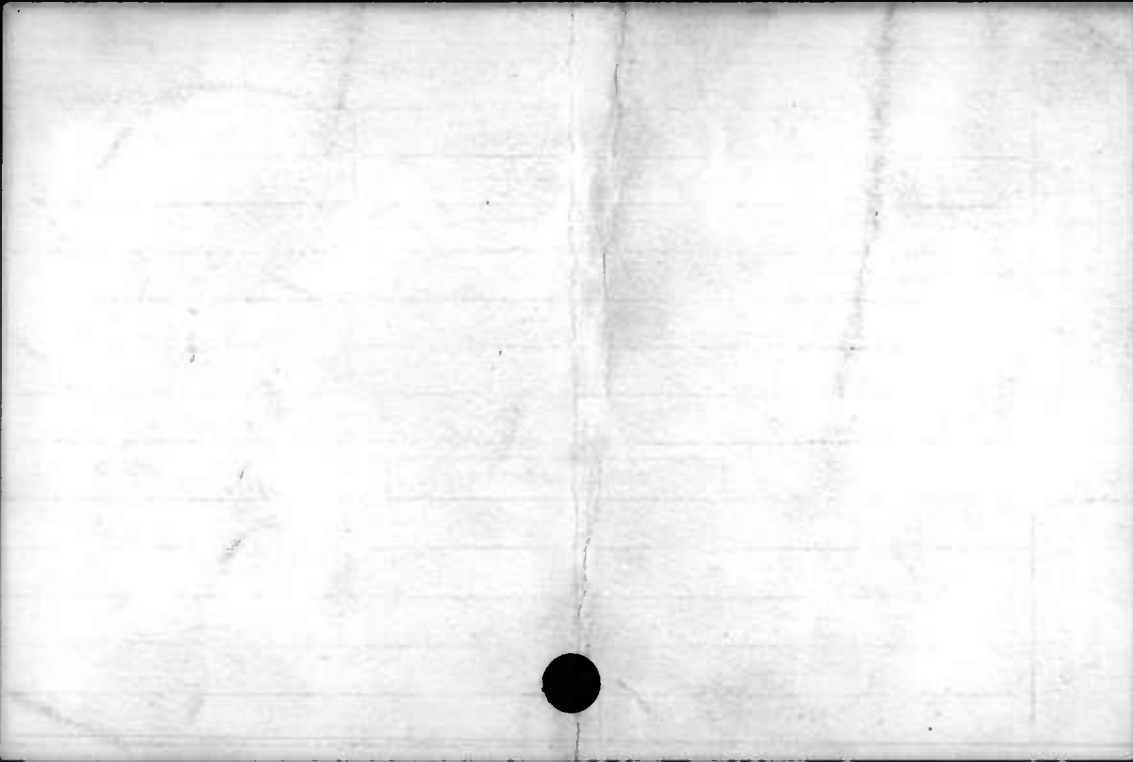
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Owens Mills</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>11</i>	Age Years	Months <i>5</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Infant</i>		Occupation <i>none</i>			
Name of Wife or Husband <i>✓</i>					
Father's Name <i>Joseph Wallace</i>			Father's Birthplace <i>Owens Mills</i>		
Mother's Maiden Name <i>Isabel Hughes</i>			Mother's Birthplace <i>Northumberland</i>		
Name of person giving information <i>T. E. Daugherty M.D.</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Icterus</i>	How long
Immediate <i>151</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. E. Daugherty M.D.</i>
	Address <i>2143 Penna Ave Baltimore</i>
Accident or Suicide? <i>✓</i>	



Name

In
Full

Clara E Walter

CERTIFICATE OF DEATH

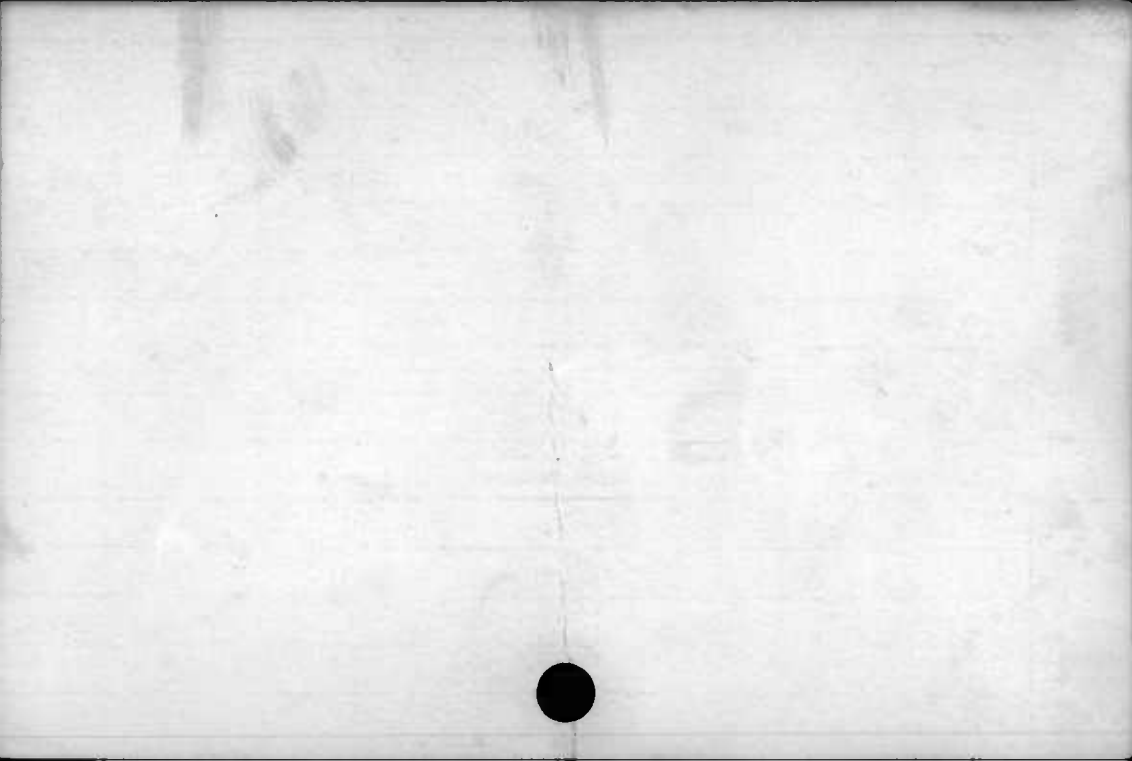
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Foinew</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Feb</i>	Day <i>10</i>	Age	<i>20</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto co</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>John J. Walter</i>				Father's Birthplace <i>M. C.</i>			
Mother's Maiden Name <i>Clara Sullivan</i>				Mother's Birthplace <i>M. C.</i>			
Name of person giving information <i>Clara Walter</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know</i>
Immediate <i>Same as above</i>	How long <i>only saw patient twice</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. D. ...</i>
	Address <i>Glyndon</i>
Accident or Suicide? <i>X</i>	<i>Ma.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
Sex		Color or Race		Age		Birth-place	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Bowels	How long
Immediate	Exhaustion & Pulmonary edema	How long
Are the name, age, sex, color, date and place correctly given above?		
Signature of Physician		
Address		
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Katherine Speismade.

Died at *Orangeville*

Town

Balto

County

MARYLAND

Date
of death 190 *3*Month
*2*Day
*11*Age
81

Years

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*German*Married, Single
or Widowed*Widow*

Occupation

*Not any*Name of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*Germany*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Germany*Name of person giving
In formation*Two Rumpert*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

*Old Age**154*

How long

2 years

Immediate

Exhaustion

How long

*2 years*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. Schufeldt
1400 Forest St.*

Accident or Suicide?

PHYSICIAN
OR CORONER

John: Leufer,
Western Union

Name
in
Full

Leah Huntz-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 6th Dist		Town		County		Belt.		MARYLAND	
Date of death 1903		Month 2		Day 9		Age 88		Years 2	
Sex Female		Color or Race White		Birth-place		Jacks Co Pa		Days 17	
Married, Single or Widowed				Occupation					
				House wife.					
Name of Wife or Husband				Leah Huntz-Charles Huntz-					
Father's Name				Methorn		Father's Birthplace			
						annone			
Mother's Maiden Name				annone		Mother's Birthplace			
						annone			
Name of person giving information				andrew J. Morley		How related to deceased			
						son in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pneumonia 93		How long		3 days	
Immediate		Pneumonia		How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Address			
				Herley B. Stick			
				Glen Rock			
				York Co Pa			
Accident or Suicide?							

1903 -	12	30
1814 -	2	19
	11	<u>22</u>
88 -	25	<u>17</u>

Name
in
Full

CERTIFICATE OF DEATH

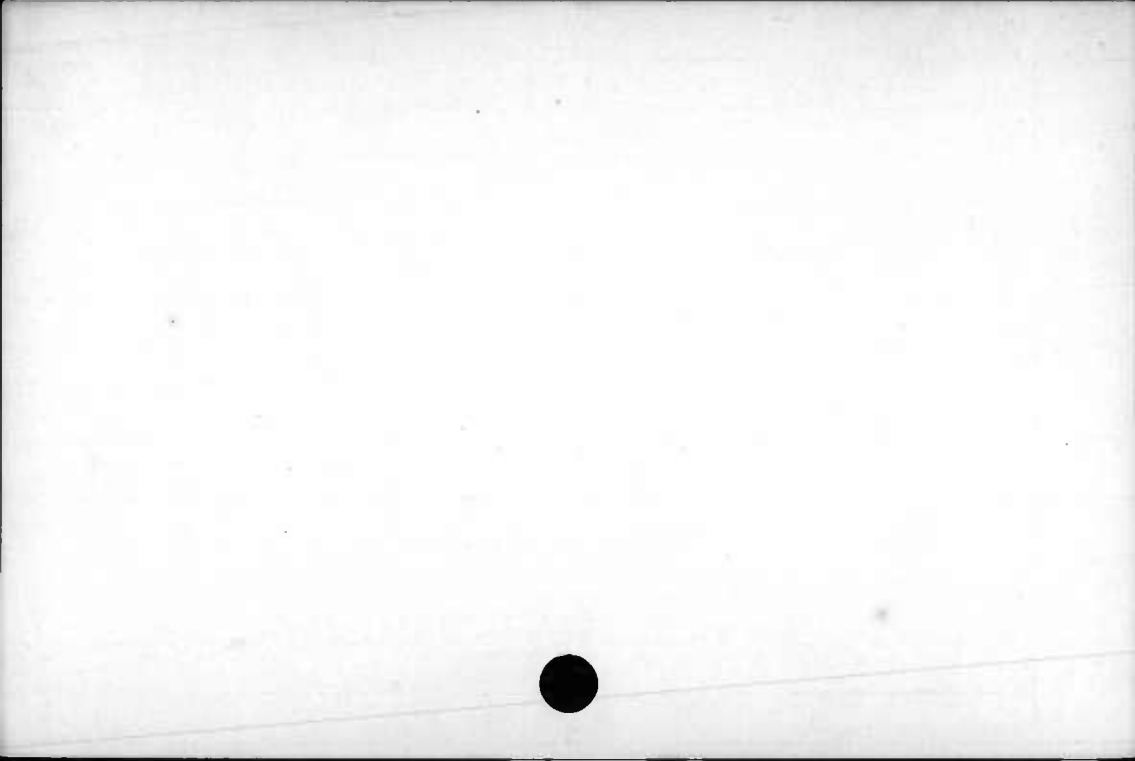
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Batonville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Feb.</i>	Day <i>1st.</i>	Age <i>39</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation _____					
Name of Wife or Husband <i>120</i>							
Father's Name <i>George Wideman</i>				Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Asenath Shipley</i>				Mother's Birthplace <i>Carroll Co.</i>			
Name of person giving In formation <i>E. Gertrude Whitney</i>				How related to deceased <i>Sister.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Parenchymatous</i>		How long <i>2 yrs</i>
Immediate	<i>Coma</i>		How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>D. W. Shultz M.D.</i>
			Address <i>Batonville Md.</i>
Accident or Suicide?			



Name
in
Full

Bessie Leolie Wilson

CERTIFICATE OF DEATH

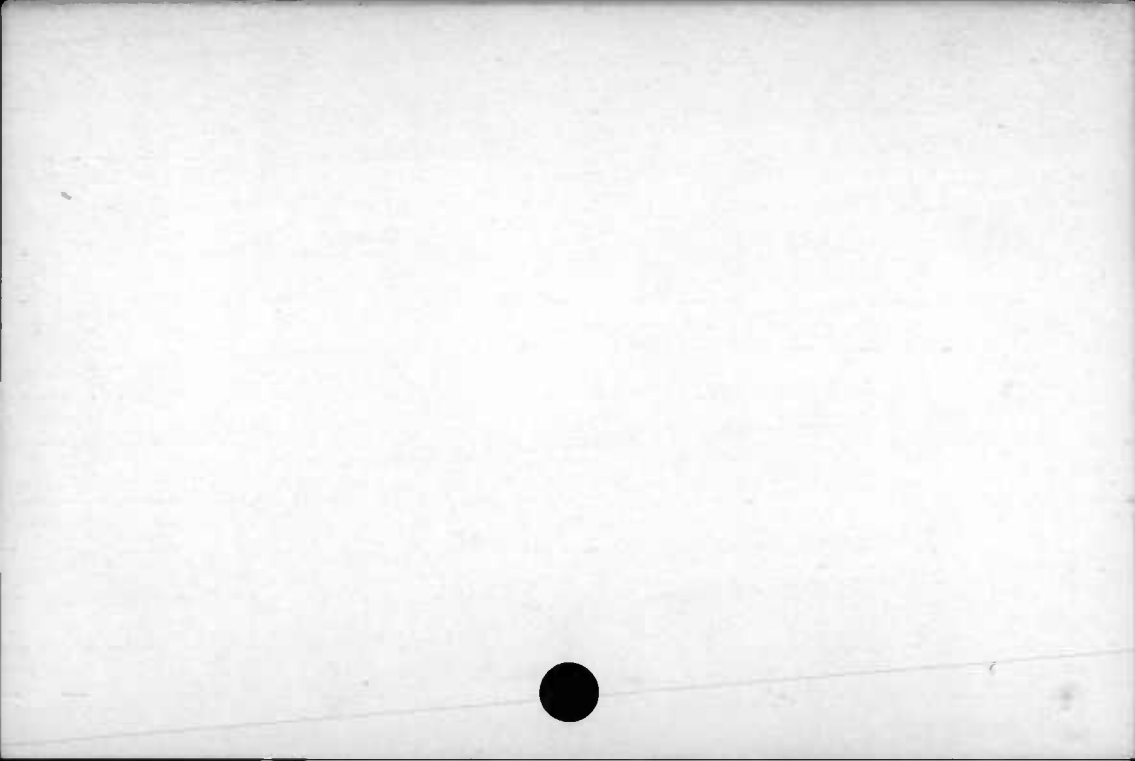
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freeland P.O.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Feby.</i>	Day <i>13</i>	Years <i>23</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband					
Father's Name <i>William Wilson</i>			Father's Birthplace <i>Philadelphia Pa</i>		
Mother's Maiden Name <i>Mattie A. Shultz</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>William Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis + La grippe</i>	How long <i>4 weeks</i>
Immediate <i>Acute Gastritis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph P. Baldwin M.D.</i>
	Address <i>Freeland, Balto. Co.</i>
	<i>R. F. D. Route no. 1.</i>
Accident or Suicide?	



Name
in
Full

Elta Wilson

CERTIFICATE OF DEATH

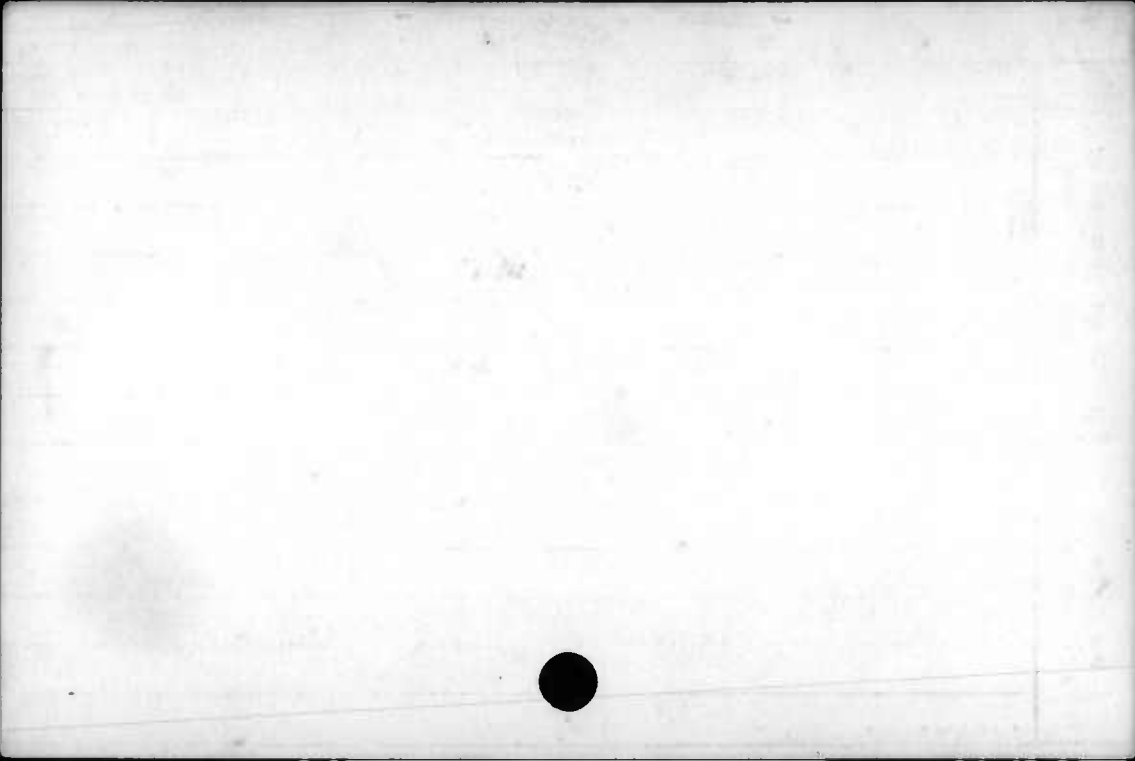
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Bath</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>22</u>	Age <u>6</u> ^{Years}	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed			Occupation <u>None</u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Robert Wilson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Annie Wilson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Edward Bryan</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>2 months</u>
Immediate <u>Uraemia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>David Jones</u>
	Address <u>3118 O'Donnell St</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Isaac Hicks Winder

CERTIFICATE OF DEATH

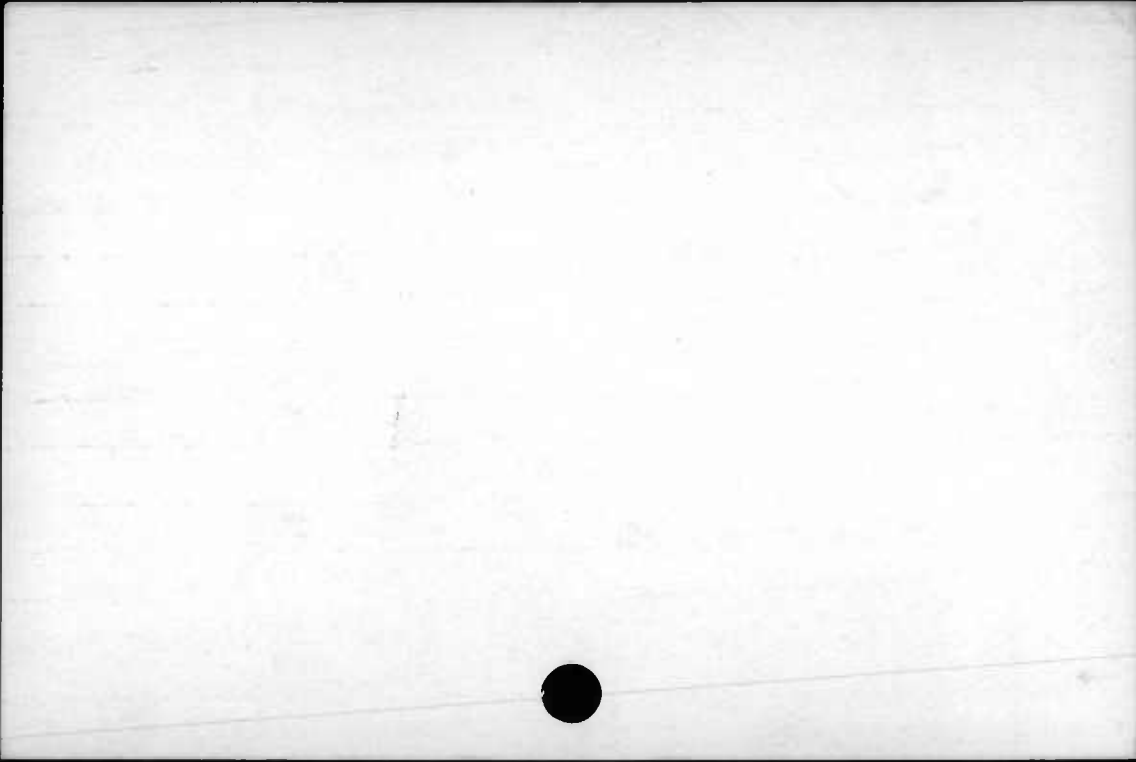
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sunnybrook</i>		County <i>Baltimore</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<i>3</i>	<i>Feb.</i>	<i>27</i>	Age	<i>76</i>	<i>5</i>	<i>12</i>
Sex	<i>male</i>		Color or Race	<i>black</i>		Birth-place	<i>Ind.</i>
Married, Single or Widowed	<i>married</i>			Occupation	<i>laborer</i>		
Name of Wife or Husband	<i>Rachel Winder</i>						
Father's Name	<i>John Winder</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Rachel Jonson</i>					Mother's Birthplace	<i>Ind.</i>
Name of person giving information	<i>Ben Winder</i>					How related to deceased	<i>son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>1</i>
Immediate	<i>nephritis</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. H. Emory</i>
		Address	<i>Hess</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H. Wise.</i>		Town <i>Tomb</i>		County <i>Bucks.</i>		State <i>MARYLAND</i>	
Died at <i>Tomb</i>		Month <i>Feb.</i>		Day <i>7</i>		Age <i>6</i>	
Date of death 190		Month		Day		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bucks. Co.</i>		Months	
Married, Single or Widowed		Occupation		Days			
Name of Wife or Husband							
Father's Name <i>John H. Wise.</i>				Father's Birthplace <i>Bucks. City</i>			
Mother's Maiden Name <i>E. Schults</i>				Mother's Birthplace <i>Gummary</i>			
Name of person giving information <i>J. H. Wise</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>4 days</i>
Immediate <i>Septic. Infection.</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. Waldorf</i>
	Address <i>602 Hancock St. Brynmar Hosp.</i>
Accident or Suicide?	

Mt. Carmel Herin
Handa Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Wright</i>		Town <i>Pikesville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Pikesville</i>		Month <i>Feb</i>		Day <i>22</i>		Years <i>78</i>	
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>22</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>		Months Days	
Married, Single or Widowed <i>married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Dead</i>							
Father's Name <i>Thomas Wright</i>		<i>154</i>		Father's Birthplace <i>Balto co Md</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>his daughter</i>		<i>Jamesford watto</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile degeneration</i>		How long <i>several months</i>	
Immediate <i>congestion of brain</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. T. Hyn</i>	
		Address <i>Pikesville Md</i>	
Accident or Suicide?			



Name
in
Full

Rosa Wurtzberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Morrell Park</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb.</i>	Day <i>6</i>	Age <i>1</i>	Months <i>11</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balt. Co.</i>			
Married, Single or Widowed		Occupation <i>Infant</i>			
Name of Wife or Husband _____					
Father's Name <i>Otto Wurtzberger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Alvina Traeger</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Otto Wurtzberger</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>3 weeks</i>
Immediate <i>& exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Kuhlman</i>
	Address <i>Lansdowne Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balti</i> ^{County}		MARYLAND		
Date of death 190 <i>2</i>	Month <i>2</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balti</i>				
Married, Single or Widowed <i>single</i>		Occupation <i>none</i>				
Name of Wife or Husband						
Father's Name <i>John Zirkand</i>				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	How long <i>two wks.</i>
Immediate <i>Meningitis</i>	How long <i>one wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. G. Kunk M.D.</i>
	Address <i>2000 E. Buck. St.</i>
Accident or Suicide?	

Sacred Heart Cern
Handu Song